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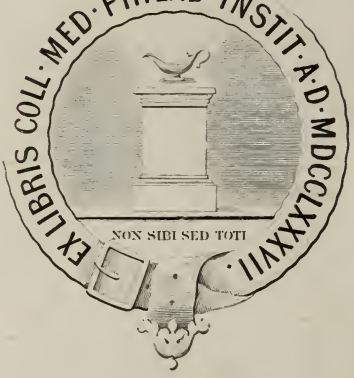

Presented by
C. W. Dulles, M. D.

TRANSACTIONS

OF THE

Homœopathic Medical Society

OF THE

STATE OF PENNSYLVANIA.

TWENTY-FIRST ANNUAL SESSION,

1885.

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To the Homœopathic Medical Society of Pennsylvania:

The Proceedings and Papers of the Twenty-first Annual Session are hereby respectfully submitted.

CLARENCE BARTLETT, M.D.,
J. F. COOPER, M.D.,
HORACE F. IVINS, M.D.,
Publishing Committee.

ERRATA.

Page 28. The name of the Secretary of the Allegheny County Society is C. H. Hofmann, not "Wm. C. H. Hofmann."

Page 201. Line 14 of Dr. Mohr's paper, typical should be atypical.

Page 211. Line 9, "Seem equally indicated and singly" should be inserted after arsenic.

Page 211. Line 25. Beginning with the name of Dr. Hering, the phraseology should be so changed as to read "Dr. Hering, in his treatise on typhoid fever, says, that the bowels ought not to be disturbed unless constipation gives rise to troublesome subjective symptoms. When it is necessary to treat simple constipation, an enema is the best means at our disposal."

Page 282. The fourth item under "errata" should be erased.

18910

OFFICERS:—1885.

President, ...	Jno. E. James, M.D., . .	Philadelphia.
First Vice President, .	D. Cowley, M.D., . . .	Pittsburgh.
Second Vice President,	J. K. Lee, M.D., ...	Johnstown.
Recording Secretary, .	C. Bartlett, M.D., . .	Philadelphia.
Corresponding Sec'ty,	R. E. Caruthers, M.D., .	Allegheny.
Treasurer, ...	J. F. Cooper, M.D., . .	Allegheny.
Necrologist, ...	W. R. Childs, M.D., . .	Pittsburgh.
Censors, ...	L. H. Willard, M.D., .	Allegheny.
	H. J. Sartain, M.D., . .	Philadelphia.
	C. Van Artsdalen, M.D.,	Ashbourne.

1886.

President, ...	D. Cowley, M.D., . . .	Pittsburgh.
First Vice President, .	W. H. Bigler, M.D., . .	Philadelphia.
Second Vice President,	J. R. Reading, M D., . .	Somerton.
Recording Secretary, .	Horace F. Ivins, M.D., .	Philadelphia.
Corresponding Sec'ty,	Clarence Bartlett, M.D.,	Philadelphia.
Treasurer, ...	J. F. Cooper, M.D., . .	Allegheny.
Necrologist, ...	W. R. Childs, M.D., . .	Pittsburgh.
Censors, ...	C. H. Hofmann, M.D., .	Pittsburgh.
	H. Pitcairn, M.D., . . .	Harrisburg.
	Mary Branson, M.D., . .	Philadelphia.

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PROCEEDINGS

OF THE

TWENTY-FIRST ANNUAL SESSION

OF THE

HOMŒOPATHIC MEDICAL SOCIETY

OF THE

STATE OF PENNSYLVANIA.

PHILADELPHIA, PA., September 23d, 24th, and 25th, 1885.

THE Society was called to order at 10.15 A.M. by the President, DR. JOHN E. JAMES, of Philadelphia. Prayer was offered by the REV. DR. RICHARDS, of Philadelphia, after which DR. B. F. BETTS, President of the Philadelphia County Society, delivered the following address of welcome on behalf of the County Society:

MR. CHAIRMAN AND MEMBERS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA:

As President of the Homœopathic Medical Society of Philadelphia, it becomes my agreeable duty to welcome you—in its behalf—to this city.

As our sister city in the western part of the State was fortunate in being the birth-place of this organization, we feel that we are

favored in having it attain its majority here at this twenty-first annual session.

About eleven years ago I attended the annual meeting of this Society for the first time. It was held in the lower lecture-room of the Hahnemann Medical College on Filbert Street. There were but eight or ten members present, and almost all of these were from Pittsburgh. Many of you will remember, that for several years after this time, we looked in vain for the publication of the annual *Transactions*. But to-day all of this is changed. At the last meeting in this city, two years ago, between forty and fifty physicians were admitted to membership. The annual *Transactions* now come to us as regularly as we pay our dues, and, filling a volume of nearly four hundred pages, are considered amongst the most valuable of any that are published.

I am sure that the homœopathic physicians of this city are glad to have such an organization meet amongst them. A committee representing the County Society, and our different club organizations, has selected this hall for your accommodation. Through it the profession of the city will tender you a reception in Parlor C of the Continental Hotel to-morrow evening, when there will be an opportunity afforded for social conversation and the renewal of old acquaintance. Should you prolong your stay amongst us, as we hope you may, after the close of the sessions of the Society, you will find much to interest you in an inspection of our vast industrial interests, and in visiting our exhibitions, and academies of the arts and sciences. We should be pleased to have you inspect our new college building, on Broad Street above Race, and our various hospitals in different parts of the city.

Again I welcome you. May the sessions of this Society tend to the advancement of medical science, unite us in a closer brotherhood, and aid in the development of the homœopathic law of cure.

Dr. David Cowley, of Pittsburgh, First Vice-President of the Society, then responded on behalf of the visitors as follows:

Fellow-members: The President of the State Society, Dr. J. E. James—being a Philadelphian, and, therefore, modest—has requested me to reply to the address of welcome extended from the County to the State Society; on behalf of the Society and mem-

bers, I would say that the cordial welcome is received in the same spirit of kindly courtesy which has prompted it.

It is good for the interests of any cause, that there should be general assemblies for the interchange of information, counsel, and support, by those upholding the cause. So it is good and useful, that the supporters of the practice originated by Hahnemann, should meet for the interchange of information, counsel, and support; and we are glad to meet here in your beautiful city, the centre of the learning, trade, and wealth of this great Commonwealth. We are glad to meet here, because we expect that here, in the *head*-centre of *homœopathy*, we shall receive accessions to our stock of knowledge from the hundreds of active homœopathic practitioners, who ought to be so *full* of information in regard to appliances for healing the sick, that *we* cannot help being benefited by the *over-flow*.

On the other hand, those of us coming from other parts of the State, may be able to help our brethren of Philadelphia with some share of work in the large field of homœopathic practice and medical science—a field so vast that thousands of workers in thousands of years cannot exhaust it.

Some glimpses of the establishment of the doctrines and practice of homœopathy, by exact scientific research, are beginning to be visible in regions where it had almost seemed impossible for exact science to penetrate. One of the instruments of scientific research —the spectroscope—shows to *the sight*, the extreme divisibility of matter, and, therefore, proves the rationality of our use of small doses. The experiments of Professor Tyndall and Professor Jaeger show, that those who depend on the microscope for arriving at the limit of division of our triturations and dilutions, can be far-distanced by other methods of research.

Professor Tyndall detected, by means of the electric beam, germs which would produce fermentation, so small, that both Professor Tyndall himself and Rev. Dallinger failed to discover them by examination with the highest power of the microscope (15,000 diameters).

Professor Jaeger shows the power of minute, extremely minute, doses of medicine to affect the human organism, by means of an instrument invented by himself.

I would recommend to those of the members having time and ability, that they cultivate the latter field of research. It is far superior in exactness to that ordinarily relied upon to prove the activity of our minute doses, viz., the uses in disease.

Chemistry and the microscope fail where this gives satisfactory results. Jaeger was converted to homœopathy by the results obtained from experimentation with his instrument. By it, it has been shown conclusively that the 30th dilution of several medicines produces changes in the healthy human organism; also above the 30th—the 200th, and experimentation with one medicine, Thuja, shows results as high as the 2000th.

These evidences of the power of extremely minute doses of medicine were unlooked for, and should warn us to be cautious about setting limits, in our own minds, to the action of remedies. This method of research may have far-reaching results, not only in showing the efficacy of minute doses, but in the *proving* of *medicines.*

But I must not claim your attention any longer. The business next in order is the annual address of the President.

The President, John E. James, M.D., then delivered the following address:

PRESIDENT'S ANNUAL ADDRESS.

Members of the Homœopathic Medical Society of Pennsylvania:

Ladies and Gentlemen: We come together again to participate in the duties and pleasures of our annual meeting. In accord with the requirements of our by-laws, it is my duty, as well as privilege, to now address you.

I am glad to chronicle a general advance of our school of therapeutics throughout the State, new places are being occupied and older ones strengthened by an increased number of homœopathic physicians, and an increasing number of adherents; a rather severe argument against the oft-told tale of "homœopathy is dying out." It is a kind of dying we rather enjoy. We have advanced also in the breadth of the application of our law. The increasing number of educated specialists who find the law of the similars broad

enough to be the first and leading thought in their several fields, is a convincing argument to the thinking public, and to many of our opponents, that homœopathy is a truth, and truth is mighty and must prevail.

With the many difficulties confronting a new system of therapeutics, so opposite as is ours to the long accepted one, it is not strange that we find the energies of the entire profession almost wholly employed, as rightly they should be, in developing that special province upon which its application so greatly depended, viz., the Materia Medica. All honor to the noble men who fought this the hardest battle; they have bravely won a well-deserved victory, and crowned their names with immortal honors; while from our old-school friends it has called forth that doubtful compliment of imitation without acknowledgment. Let us lose none of the benefits of this victory, slacken not our energies, but holding fast to that we have, let us move on to other conquests; yielding not to the temptation of superficial generalization, but stick to the old method of accurate selection of every remedy to each particular case.

Thanks to our fathers this has been made more easy for us, by reason of the extensive publication of the results of their work and the record of invaluable clinical experiences; this fact, together with the greatly increased number of educated and energetic workers, makes us think that the time has come when, as a profession, other fields should also be occupied. The field of original investigation is one that should not longer be neglected by us. Why should we accept, in any of the branches of medical science, the opinions of men who are so biased or ignorant as to exclude from their calculation all influences from the one grand law of drug action? I am sure it would prove most advantageous to all, for no new discovery in these later times, either in the theories of disease-origin or action, or in therapeutics, but has strengthened the truth of the principles of homœopathy, and confirmed the value of its practice. For an example, see the wonderful germ theory of disease, the advocacy of which seemed about to revolutionize old-school therapeutics, and called into use unnumbered germicides, until it became apparent, that after the germ had entered the blood and the tissues, the germicides were useless as such, for it would

require more of the drug to kill the germs than the patient could take and live. Hence, but little of therapeutic value has been gained, while the methods of preventing disease have multiplied to an unparalleled extent to the benefit of us all. What effect did it have upon our system? For answer, let me quote from the address of Dr. J. M. Hayward, before the British Homœopathic Congress of 1884; after a very exhaustive review of the germ theories and their relation to therapeutics, he closes in these words:

"How complete and perfect then, and how simple withal, is the science of therapeutics under the rule of similars! The practical application of it may, indeed, often be unsuccessful, because it is in the hands of fallible human instruments; but the science itself is as perfect as the provisions of nature usually are. Pathology and diagnosis being imperfect, and frequently unable to interpret the true nature of disease, the treatment based on them frequently fails, and is disastrous; but by a faithful narration by the invalid of his sufferings to an observant and educated physician, and the selection of the true simile, a cure may frequently be brought about *tuto, cito, et jucunde*, whether the pathology and diagnosis be true or not. What an elevated position of superiority is, then, occupied by the physician who practices homœopathically! Unlike his colleague of the physiological school, whose treatment is based upon the pathological speculation of the day, to the homœopathic physician, whether the germ theory or any other theory be true or false, and whether the germs are vegetable spores or animal bioplasts, are matters of little moment; he can go on relieving suffering, curing disease, and shortening convalescence all the same. What a blessing to mankind! and what a privilege and honor to himself! Let the homœopathic physician, then, go on his way rejoicing; and let him thank God that, though a martyr to professional prejudice, he is a conscientious scientific physician, and a benefactor to his race."

While all this is true, still I am persuaded that investigations and researches by a body of scientific men, with a full knowledge of so practical and, I may say, so perfect a law of cure, will enhance its value, widen its sphere of application, and, perhaps, prevent many of the vagaries that have so frequently characterized the theories of the past. Our noble State has honored itself during the year

by establishing a State Board of Health, of a character that challenges the admiration and co-operation of the entire Commonwealth, including physicians of different shades of medical opinion; this certainly is a great advance, both in the interests of the State and science. It could have been an accomplished fact long ago, but for the determined exclusiveness of the dominant school.

That bigotry that has been so commonly manifested towards our school seems to be softening, if not slowly passing away; as is instanced by the further action of our last legislature, in passing bills to aid three needy homœopathic hospitals, the Pittsburgh for $65,000, the Women's Maternity and General Hospital for $20,000, and the Hahnemann Medical College Hospital for $50,000. We regret exceedingly that the Governor of our honored State should have been so influenced as to veto the last-named bill, connected as the hospital is with the only homœopathic educational institution in the State. Having, in consequence of the demands made upon it for increased facilities and broader practical curriculum, purchased a most eligible lot, and engaged in erecting a modern college building, she needed more than ever before the approval and co-operation in its charitable department, of the State which gave it its life and charter, and whose citizens are to receive directly its richest benefits. Failing thus at the hands of a trusted friend, and, we think, without just cause, who shall befriend her? Is it not our pleasure as a society to lend such aid and encouragement as will make the loss thus incurred the least injurious to our common cause? For, though located at Philadelphia, it is preëminently a State institution, chartered and maintained for the good of the entire State (not at the expense of the State treasury).

Our meetings have always been most helpful to those who have attended regularly and entered into the spirit and work of them; we are persuaded, however, that even greater interest could be created and more good accomplished; we feel considerable of sympathy with those who think that many of our papers, though very well prepared, are too long and too full of such matter as peculiarly belongs to the text-books. If our object be to present complete treatises upon the various subjects, then, indeed, this cannot be avoided, but we have thought that this was the special time and place to discuss the live questions of the day, and the relative

results (successes and failures) encountered in the active field of life; and this could be accomplished if much of the time now given to reading could be employed in discussion. I would repeat the suggestion sent out, at my request, by the Secretary, to several of the bureaus and societies, viz., that the bureau or society select a practical subject, have one, or, at most, two short papers prepared, that will fairly open up the subject to a free discussion, then assign to the other members of the bureau or society committee, a certain portion or the whole subject upon which he is to prepare and take part in the debate upon it. If this could be carried out we are sure that greater profit would accrue to those who attend, while the value of our volume of *Transactions* would be greatly enhanced, for it would be full of useful and valuable thoughts gained from personal experience of men under a variety of circumstances, such clinical facts as could be found nowhere else. To accomplish this we need not change a single by-law, but, perhaps, it might be made more generally understood, if a committee would clothe the thought in proper language, and make it as a suggestion to the various societies and bureaus. I would not have anything done that would in the least interfere with papers upon new remedies, verification of symptoms, relating of special, interesting, or odd cases, or original investigations in all branches of our science; they should, each and all of those, have special encouragement, and always be given a prominent place at each meeting.

I cannot close without a brief reference to that which casts a shadow over our otherwise joyful occasion. We miss from his accustomed place, our beloved friend and genial secretary, Dr. R. E. Caruthers. Death claimed him when his stricken family, and we, his friends, had learned to need him most. Young in years, but matured in thought and experience, energetic, untiring, and faithful in all his duties, the Society has lost an officer whose place will be hard to fill. A suitable memorial upon his death should be prepared and adopted at an early stage of our proceedings. Another death brings to our minds the fact, that the men who have made homœopathy what it is to-day are fast passing away, every year one or more of these noble men are taken from our sight, their names and deeds alone remaining. This year the name of Dr. Henry N. Guernsey is added to that list. His was a long and useful

life, full of the spirit of heroism for the principles and practice of the law of the similars, a stanch defender of Samuel Hahnemann, the founder of our faith, an earnest and faithful worker, he has left his own peculiar mark upon the history of homœopathy, which will remain as a lasting monument to his name.

Ladies and gentlemen, allow me to express my sincere thanks for the honor you have conferred, by electing me to this high and honorable position. May I not indulge the hope of your hearty co-operation in the attempt to make this a most pleasant, as well as profitable, session?

Dr. J. K. Lee, of Philadelphia, moved that a vote of thanks be tendered to the President for his address, and that a committee of three be appointed to take into consideration the recommendations contained therein, said committee to report at the earliest convenience.

Dr. D. Cowley, First Vice-President, appointed Dr. J. K. Lee, *chairman;* Dr. J. H. McClelland, and Dr. John R. Reading.

The following communication was received by the President of the Society and was read by the Secretary:

Philadelphia, September 21st, 1885.

The Homœopathic Medical Society of Pennsylvania.

Gentlemen: The Committee on Exhibitions of the Franklin Institute of the State of Pennsylvania, presents its compliments to the Homœopathic Medical Society of Pennsylvania, and extends an invitation to the Society to visit the *Novelties Exhibition*, on any day that the Society may find it most convenient during its session. On behalf of the committee, I have the honor to remain, gentlemen, Your obedient servant,

William H. Wahl,
Corresponding Secretary.

On motion of Dr. Wm. B. Trites, the invitation thus generously given was accepted. The Secretary was supplied with tickets to distribute to members applying for them.

The Order of Business as arranged by the Secretary was then adopted.

The SECRETARY then called the roll. The following members and visitors were present during the sessions:

Members.—Drs. R. C. Allen, J. V. Allen, C. H. Baker, Clarence Bartlett, B. F. Betts, W. H. Bigler, Mary Branson, Chas. M. Brooks, Samuel Brown, H. M. Bunting, W. F. Berkenstock, F. Buchman, Millie J. Chapman, Wm. R. Childs, Sarah J. Coe, J. F. Cooper, David Cowley, Isaac Crowther, G. Maxwell Christine, E. E. Davis, J. H. Deardoff, Pemberton Dudley, Thos. S. Dunning, J. R. Earhart, E. Fornias, J. J. Garvin, Geo. M. Getze, E. M. Gramm, G. E. Gramm, T. J. Gramm, Silas Griffith, Wm. M. Griffith, F. O. Gross, J. C. Guernsey, B. B. Gumpert, J. W. Giles, Wm. A. Hassler, Anna M. Hawley, Chas. H. Hofmann, Horace F. Ivins, Lora C. Jackson, Bushrod W. James, John E. James, Horace E. James, Maria N. Johnson, Jos. E. Jones, Daniel Karsner, C. B. Kneer, Aug. Korndœrfer, W. H. Keim, John K. Lee, of Philadelphia, W. H. Malin, J. R. Mansfield, Anna M. Marshall, H. Noah Martin, Wm. J. Martin, C. S. Middleton, J. N. Mitchell, Chas. Mohr, John C. Morgan, S. A. Mullin, W. P. Mullin, J. H. McClelland, E. H. L. McClure, W. H. H. Neville, C. W. Perkins, W. A. D. Pierce, Hugh Pitcairn, Trimble Pratt, Wm. Peacock, C. G. Raue, E. Reading, J. H. Reading, John R. Reading, H. J. Sartain, Emma T. Schreiner, W. P. Sharkey, E. S. Sharpless, J. S. Skeels, F. J. Slough, I. G. Smedley, Samuel Starr, H. Knox Stewart, Horace Still, C. N. Shellenberger, J. W. Strong, J. W. Thatcher, A. R. Thomas, Chas. M. Thomas, C. E. Toothaker, W. B. Trites, D. B. Umstead, C. Van Artsdalen, W. W. Van Baun, Josephine Van Deusen, J. H. Way, Chandler Weaver, W. P. Weaver, L. H. Willard, Thos. C. Williams, M. S. Williamson, J. B. Wood, D. Yoder.

Honorary Members.—Drs. Wm. A. Phillips of Cleveland, Ohio, and H. C. Houghton of New York.

Visitors.—Drs. F. W. Messerve, C. Albert Reger, Geo. Godshall, Howard W. Long, J. M. Gerhart, E. W. Sackett, L. W. Thompson, E. A. Krusen, Edwin Van Deusen, Jas. Kemble, S. Hastings Brown, Sarah T. Rogers, C. R. Norton, L. M. Hickman, T. C. Imes, L. A. Smith, C. F. Stenger, F. Morton Long, A. C. Rembaugh, E. M. Howard, E. R. Snader, F. W. Kohler, R. W. B. Cornelius, E. C. Hyde, J. M. Hinson, B. L. Baker, H. S. Campbell, Wm. C. Roy, H. T. Wilcox, Isaac Cooper, of Trenton, N. J.,

Chas. S. Gauntt, A. Williams, E. P. Brunner, Thos. Becket, of Salem, N. J., D. W. Shoemaker.

The following clergymen were visitors during the sessions: M. A. Richards, D.D., J. F. Crouch, J. S. J. McConnell, L. Patterson, D.D., and M. B. Wood, D.D.

Dr. J. F. Cooper, Treasurer, presented the following report:

REPORT OF THE TREASURER.

To the Homœopathic Medical Society of Pennsylvania:

Received as dues of membership since last report	$569 00	
Received for extra printing,	7 00	
Sale of one copy of Transactions,	3 00	
Refunded by Secretary,	15 00	
		$594 00
Paid for printing and binding Transactions of 1884,	$506 40	
Paid for bill of R. E. C.,	43 11	
" mailing Transactions,	35 26	
" Treasurer's postage,	8 00	
Paid shipment to Philadelphia,	14 18	
Members twice credited,	24 00	
Due Treasurer at last report,	58 45	689 40
Balance due the Treasurer,		$95 40

J. F. Cooper.

On motion, made by Dr. McClelland, the report was accepted and referred to an auditing committee, consisting of W. R. Childs, M.D., J. B. Wood, M.D., Chandler Weaver, M.D., who presented the following report:

REPORT OF THE AUDITING COMMITTEE.

To the Homœopathic Medical Society of Pennsylvania:

The undersigned, appointed to audit the above report of the Treasurer, have examined the same and find it to be correct.

W. R. Childs, M.D.,
J. B. Wood, M.D.,
Chandler Weaver, M.D.,
Auditing Committee.

Philadelphia, September 25th, 1885.

The report of the Corresponding Secretary was next called for. Owing to the death of Dr. Caruthers, the incumbent of the office, none was presented.

The report of the Publishing Committee was then presented by the Treasurer, Dr. J. F. Cooper.

REPORT OF THE COMMITTEE OF PUBLICATION.

As a member of the Committee of Publication, allow me to report that 275 copies of the Transactions of 1884 of this Society were published in a volume of 385 pages. The work was performed in the time prescribed by the by-laws of the Society. Owing to the death of the Secretary, Dr. R. E. Caruthers, all members entitled to receive the work did not get them for a considerable time after the work was ready for mailing. There were 59 volumes to be sent out after his death. On counting those marked as having copies mailed to them, there have been sent out to members, 121; honorary members, 10; corresponding members, 7; and to various journals, 12; State societies, 8; colleges, 12; hospitals, 2; libraries, 4; and to the *Index Medicus*, Washington, D. C.; pharmacy of H. M. Smith, New York; and F. M. Strong, 1 each. In all 179, to which will be added a number sent to members paying back dues by the Secretary, Dr. Bartlett.

J. F. Cooper.

Dr. Hugh Pitcairn, of Harrisburg, Chairman of the Committee on Legislation, presented the following:

REPORT OF THE COMMITTEE ON LEGISLATION.

To the Homœopathic Medical Society of Pennsylvania:

The undersigned, your Committee on Legislation, are pleased to be able to report the passage of the Board of Health bill endorsed by you at the last meeting of our Society, held by you in Pittsburgh last year. Attached hereto is a copy of the bill, and under this bill no distinctive school is mentioned, but we were pledged for an equitable representation in the appointments under said bill, which pledge, by careful watching and all the influence we could bring to bear, was accomplished, and two representative homœopathic physicians were appointed thereon, viz., J. H.

McClelland of Pittsburgh, and Pemberton Dudley of Philadelphia. We wish here to recognize the services of Senator Adams, of Philadelphia, who rendered us efficient service, and was the main promoter of the adoption of the Act.

Your Committee favored the passage of the bill for the regulation and sale of homœopathic medicines in Pennsylvania. This was done as an offset to a similar bill presented by the Old School. However, both bills failed of passage. They were also able to forward the passage of appropriations for the Pittsburgh and Philadelphia homœopathic hospitals, and to help secure the approval of the bill for the former for $65,000. That for Philadelphia we had every reason to believe would be signed by the Governor up to the last few days allowed by the Executive for the signing of such bills. And we did all in our power to persuade him to sign it, but he replied that he could not consistently do so in the face of the printed disapproval of the said appropriation by the Board of Public Charities. Your Committee would further add that in their estimation the Governor is entitled to special recognition by our School for his friendly disposition towards us, and a desire to see that justice was secured to us in all matters of legislation. A determined effort was made by Old School influence to reduce our representation on the Board of Health bill to one member, notwithstanding it had been clearly pledged that we should have at least two.

All of which is respectfully submitted,

HUGH PITCAIRN, M.D., *Chairman.*
J. K. LEE, M.D.,
J. B. MCCLELLAND, M.D.,
J. J. DETWILLER, M.D.,
E. CROUCH, M.D.,
A. P. BOWIE, M.D.,
J. S. BOYD, M.D.

THE REPORT OF THE COMMITTEE ON SUBSCRIPTIONS

Was called for. Dr. J. F. Cooper, the Chairman of the Committee, reported that the finances of the Society being in good condition, there had been no necessity for soliciting subscriptions.

THE REPORT OF THE DELEGATES TO THE AMERICAN INSTITUTE.

Dr. Millie J. Chapman, of Pittsburgh, reported that the Institute meeting was not as well attended as usual. The members present were largely from the South and West. The general interest on the subjects presented was not up to the average.

Dr. W. R. Childs, the Necrologist of the Society, presented the

NECROLOGICAL REPORT.

Since our last meeting, we have had removals from our membership, by death, of the following:

1. George Hosfeld.
2. Robert Ewing Caruthers.
3. J. E. Pursel.
4. Henry Newel Guernsey.

H. Bernard, M.D., of Mons, Belgium, a corresponding member.

George Hosfeld.—Born in Philadelphia, March 11th, 1844. Matriculated at "The Hahnemann Medical College, of Philadelphia," in 1868, and graduated therefrom in 1871. He located in his native city, and continued to practice there until the time of his last illness, which was of short duration. He died of typhoid fever November 9th, 1884, at Cape May Point, whither he had gone for needed rest. His widow survives him. In 1884, Dr. Hosfeld became a member of the State Society. He was also a member of the Philadelphia County Medical Society, and of the "Bœnninghausen Medical Club, of Philadelphia." A more extended memorial appears in the *Hahnemannian Monthly*, for December, 1884.

Robert Ewing Caruthers.—Born December 11th, 1848, in Allegheny, Pa. His early education was received in the public schools, and later, at Mount Union College, Stark County, Ohio. His medical studies were entered upon in April, 1870, under the preceptorship of Dr. L. H. Willard, and completed at "The Hahnemann Medical College, of Philadelphia," 1873. His field of labor was first in Allegheny, then one year in Downingtown, Pa.,

and in 1877 he returned to his native city, where, surrounded by his family, a large and appreciative clientele, honored and respected by his medical brethren, he went in and out among us until the time of his death, January 3d, 1885.

The Transactions of the different medical societies to which he belonged, bear testimony of him in carefully prepared papers. He was a member of "The American Institute of Homœopathy," of "The Homœopathic Medical Society of Pennsylvania," of "The Homœopathic Medical Society of Allegheny County, Pa.," and a member of the staff of "The Homœopathic Medical and Surgical Hospital and Dispensary, of Pittsburgh, Pa.," holding the position of Orthopædic Surgeon therein.

Of his work, well and faithfully done, in this Society, it seems hardly worth while to speak; the Transactions for the last six years exhibit his painstaking care, as your Corresponding Secretary, and as Editor. His daily life was that of an honest, upright Christian, modest and unassuming, straightforward and manly. As a citizen, a son, husband, and father, he well performed his part in life. He was ever zealous in church work. The last work of his life was the distribution of the State Society Transactions among the resident members. He said, when completing the distribution, "I am going home to rest; I am tired and weary." Two weeks later his gentle spirit took its flight in answer to the Master's call, "Come unto me, thou weary one, and coming, be at rest."

J. E. Pursel.—Born June 23d, 1856, at Bloomsburg, Pa. His early history I have been unable to get. In 1877, he graduated from "The Hahnemann Medical College, of Philadelphia," afterwards taking a course of lectures at the New York Ophthalmic Hospital. Dr. Pursel became a very expert oculist. His first location was at Muncy, Pa., next at Williamsport, and last at Renovo, where he practiced for a number of years. His death, caused by cerebellar tumor, took place at Williamsport, March 15th, 1885.

Henry Newel Guernsey.—Born February 10th, 1817, at Rochester, Windsor County, Vermont. His primary education was obtained in the private schools of his native town, and completed at Royalton Academy, Vermont.

At the age of twenty-one, he entered upon the study of medicine under the preceptorship of Dr. A. E. Small, and graduated at New York University, in 1842. He practiced a short time in New York City, and then removed to Frankford, near Philadelphia, Pa. In 1846 he became a member of the American Institute of Homœopathy. In 1856 he removed to Philadelphia, and was soon after appointed Professor of Obstetrics and Diseases of Women and Children in the Homœopathic Medical College, of Pennsylvania. He served in this position eight years, acting as Dean of the Faculty during the last four. In 1851 he was elected honorary member of the Hahnemann Medical Institute. In 1867 he published a work entitled "The Application of the Principles and Practice of Homœopathy to Obstetrics and the Disorders peculiar to Women and Young Children." This work has gone through several editions. Dr. Guernsey has always been a large contributor to the medical literature of the day, by pamphlets of his own publication and articles in the leading homœopathic journals, besides various papers read before different medical societies. In 1868, he was elected honorary member of the Hahnemannian Society of Madris de Tulio, and in 1870 a similar honor was conferred upon him by the Cumberland County Homœopathic Medical Society of Pennsylvania.

In 1871 he was elected to the chair of Institutes and Materia Medica in the Hahnemann Medical College, of Philadelphia, and chosen Dean of the Faculty. This position he held for three years. He was, besides the societies already mentioned, a member of the Instituto Homœopatico Mexicano, and corresponding member of the Massachusetts Surgical and Gynæcological Society.

Dr. Guernsey became a member of this, "The Homœopathic Medical Society of Pennsylvania," in 1869. In 1878 he was its President. The members, learning of his contemplated visit abroad during the next year, elected him a delegate-at-large, giving him credentials to represent the State Society at any meeting of medical societies he should be invited to attend. One year was spent abroad, and returning June, 1880, he seemed much benefited. Two years later he sought rest again on the other side of the Atlantic. In 1883, diabetes appeared in a severe form; he rallied some towards the close of that year, and did good work among the sick and with his pen until the first of this year, 1885, when he was

taken with a severe cold, which rapidly developed into phthisis, and on the morning of June 27th, 1885, he entered upon his new and higher life.

Immediately after the reading of the Necrologist's Report, Dr. J. H. McClelland moved that a committee be appointed, to whom the report shall be referred, and who will prepare suitable resolutions on the deaths of the gentlemen mentioned; this committee to report at a later session of the Society. Carried.

The Chair appointed Drs. J. H. McClelland, W. R. Childs, J. K. Lee of Philadelphia, and W. B. Trites.

The Board of Censors, during the sessions, reported favorably upon the following applications for membership, and the applicants were elected:

Allen, John V., Philadelphia,	Hahn. Med. Coll. of Phila., 1881.
Arthur, Chas., Scranton,	Hom. Coll. of Penna., 1866.
Baker, C. H., Philadelphia,	Hom. Med. Coll. of Mo., 1876.
Buchman, F., Philadelphia,	Hahn. Med. Coll. of Phila., 1879.
Christine, G. Maxwell, Philadelphia,	University of Penna., 1880.
Deardorff, J. H., Mechanicsburg,	Hahn. Med. Coll. of Phila., 1876.
Giles, J. Wm., Philadelphia,	Hahn. Med. Coll. of Phila., 1885.
Gonzalez, M. J., Philadelphia,	Hahn. Med. Coll. of Phila., 1881.
Haines, O. S., Pniladelphia,	Hahn. Med. Coll. of Phila., 1882.
James, Horace E., Philadelphia,	Hahn. Med. Coll. of Phila., 1884.
Keim, Wm. H., Philadelphia,	Hahn. Med. Coll. of Phila., 1870.
Marsden, Biddle R., Philadelphia,	Hahn. Med. Coll. of Phila., 1885.
Peacock, Wm., Philadelphia,	Hahn. Med. Coll. of Phila., 1879.
Shellenberger, C. N., Philadelphia,	Pulte Med. Coll., 1878.
Strong, J. W., Philadelphia,	Hahn. Med. Coll. of Phila., 1879.

Dr. Jos. C. Guernsey offered the following resolutions concerning the illness of Dr. E. A. Farrington. These were unanimously adopted.

Whereas, The Homœopathic Medical Society of Pennsylvania, now in session in Philadelphia, learn with deep regret of the severe illness of our colleague, Dr. E. A. Farrington, which prevents him from meeting with us on this occasion: *Resolved*,

I. That we greatly miss his valuable contributions on Materia Medica; the able part he took in our discussions; and his genial and encouraging presence.

II. That we hope soon to learn of his complete restoration to health.

III. That the Secretary be instructed to forward a copy of these resolutions to Dr. Farrington.

THE REPORT OF THE BUREAU OF ORGANIZATION, REGISTRATION, AND STATISTICS

Was not presented, owing to the death of the Chairman.

HOMŒOPATHIC MEDICAL SOCIETIES IN PENNSYLVANIA.

Name of Society.	When Organized.	When Incorporated	Meetings.	1885. Annual Meeting.	President.	Secretary.	Number of Members.	Admitted Last year.	Withdrawn Last year.	Died Last year.	Annual Dues.	Publications Last year.
					STATE SOCIETY.							
Homœopathic Medical Society of Penn'a.	1866	Not.	Ann.	Philadelphia, September	John E. James, M.D., Philadelphia.	R. E. Caruthers, M.D., Allegheny City.	211	8	...	1	$3 00	Transactions.
					COUNTY OR DISTRICT SOCIETIES.							
Hom. Medical Society of County of Phil'a.	1866	Not.	Month 2d Thur	Philadelphia, April.	B. F. Betts, M.D., Philadelphia.	H. F. Ivins, M.D., 1319 Arch St., Philadelphia.	163	11	1	2	1 00	Transactions in Hahnemannian Monthly.
Hom. Medical Society of Allegheny Co.	1864	Not.	Month 2d Frid.	Pittsburgh, December.	W. J. Martin, M.D., Pittsburgh.	Wm. C. H. Hofmann, M. D., 808 Penn Ave.	47	3	...	1	1 00	
Hom. Medical Society of Chester, Delaware and Montgomery Counties.	1858	Not.	Quar.	October.	J. B. Wood, M.D., West Chester.	T. L. Adams, M.D., Berwyn.	27	...	...	...	1 00	
Lehigh Valley Hom. Medical Society.	1881	Not.	Bi-Month	April.	W. A. Hassler, M.D., Allentown.	F. J. Slough, M.D., Allentown.	22	...	...	...	.....	
Hom. Medical Society of Northern Penn'a.	1882	Not.	Bi-Month	Pittston, June 22.	T. M. Johnson, M.D., Pittston.	Carrie G. Watres, M.D., Scranton.	15	...	...	...	2 00	Papers in Journals.
Hom. Medical Society of Lancaster Co.	1878	Not.	Bi-Month	Lancaster,	O. T. Huebener, M.D., Lancaster.	W. G. Taylor, M.D., Columbia.	11	...	...	...	1 00	
Hom. Medical Society of Crawford County.	1883	Not.	Quar.	Meadville, January.	B. Smith, M.D., Townville.	E. C. Parsons, M.D., Meadville.	19	1	...	...	1 00	
Beaver County Hom. Medical Society.	1883	Not.	Month 3d Thur	January.	G. S. Boyd, M.D., New Brighton.	W. Raymer, M.D., Beaver Falls	9	1	...	...	1 00	
Hom. Medical Society of Western Penn'a.	1881	Not.	Semi-Ann.	August.	P. S. Duff, M.D., Great Belt.	W. W. Wolfe, M.D., 947 Penn Ave., Pittsburgh.	5	...	...	...	50	

Schuylkill Co. Hom. Medical Society.	1883	Not.	Quar.	July.	W. F. Kistler, M.D., Minersville.	T. W. Swalm, M.D., Pottsville.	12	1	0	0	1 00	
					LOCAL SOCIETIES AND CLUBS.							
Hom. Medical Society of 23d Ward, Phil'a.	1881	Not.	Month	October.	N. T. Germon, M.D., Holmesburg.	W. C. Powell, M.D., 4711 Paul St., Frankford.	15	3	...	1	.....	
Philadelphia Clinical Society.	1880	Not.	Bi-Wk Friday.	October.	C. M. Thomas, M.D., Philadelphia.	W. H. Bigler, M.D., 118 N. 12th St, Phil'a.	10	...	...	...	1 00	
Hom. Medical Society of Germantown.	1879	Not.	Month	October.	Daniel Karsner, M.D., Germantown.	Geo. W. Titman, M.D., Germantown.	12	2	1	...	.....	
Hahnemannian Med. Society of Reading.	1882	Not.	Month 1st Thu	Reading, June.	Theo. Pachali, M.D., Reading.	C. B. Jennings, M.D., 135 S. 8th St., Reading.	14	1	1	...	50	
Hahnemann Club of Philadelphia.	1872	Not.	Month	April 10.	B. W. James, M.D., 1719 Green St., Philadelphia.	W. H. H. Neville, M.D., 1901 Fairmount Ave.	9	...	...	...	.....	Hahnemannian Monthly.
Hering Club of Phil'a.	1880	Not.	Month 1st Wed	Philadelphia, March.	.....	F. O. Gross, M.D., 1409 N. 4th St., Phil'a.	...	...	...	...	.....	
Bœnninghausen Club of Philadelphia.	1877	Not.	Month 2d Wed	Philadelphia, 1320 Walnut St.	Geo. M. Trinkle, M.D., Philadelphia.	G. W. Smith, M.D., 1320 Walnut St., Phil'a.	11	...	...	1	6 00	
Philadelphia Medical Club.	1882	Not.	Month 1st Thu	Philadelphia, December.	H. F. Ivins, M.D., Philadelphia.	H. T. Wilcox, M.D., 135 N. 15th St., Phil'a.	11	...	...	...	.....	
					MISCELLANEOUS.							
Anatomical Society of Allegheny County.	1874	1875	Month last Fri.	Pittsburgh, October.	W. R. Childs, M.D., Allegheny.	W. J. Martin, M.D., 1712 Carson St., Pitts.	17	...	...	...	6 00	
Hom. Library & Reading Room Asso'n.	1881	1882	.....	Philadelphia, January.	A. R. Thomas, M.D., Philadelphia.	W. H. Bigler, M.D., 118 N. 12th St., Phil'a.	80	...	...	...	5 00	
Hom. Pharmaceutical Association of Penn.	1881	1882	Ann.	Philadelphia,	A. J. Tafel, Philadelphia	F. J. Slough, M.D., Allentown.	10	...	...	...	.....	
American Hom. Publishing Society.	1877	1878	Month	Philadelphia, November.	A. R. Thomas, M.D., Philadelphia.	C. Mohr, M.D., 555 N. 16th St., Phil'a.	200	6	...	...	Stock Com.	

HOMŒOPATHIC HOSPITALS IN PENNSYLVANIA.

Name.	Where Located.	When Incorporated.	When Opened to patients.	Name of Resident Physician or Superintendent.	Number of beds.	Number of Patients treated Last year.	Number cured.	Number relieved.	Number not relieved.	Number died.	Sources of Income.
Homœopathic Hospital of Philadelphia.	1116 and 1118 Cuthbert St., Philadelphia.	1868	1871	B. H. Ogden, M.D. F. W. Messerve, M.D.	40	.....	.....	.....	.....	.....	Voluntary Contributions.
Homœopathic Hospital of Pittsburgh.	Second Ave., Pittsburgh.	1866	1866	D. C. Heiltz, M.D.	200	809	536	126	9	46	
Children's Homœopathic Hospital of Philadelphia.	914 N. Broad St., Philadelphia.	1877	1877	F. S. Farnsworth. 914 N. Broad St.	40	175	131	7	.....	4	Voluntary Contributions.
Pennsylvania Homœopathic Hospital for Children.	43d and Brown Sts., Philadelphia.	1880	1877	Miss Beulah M. Hacker, 116 S. 22d St., Phil'a.	25	71	34	12	1	16	Voluntary Contributions.
Infirmary of Benedictine Sisters.	Erie.	Not.	1865	Rev. Mother Dominica.	10	.....	.....	.....	.....	.....	Industry of Sisters.
St. Vincent's Hospital.	Erie.	1882	1875	Sister Jerome.	35	.....	.....	.....	.....	.....	Industry of Sisters.
*Hamot Hospital.	Erie.	1881	1881	E. L. Warr.	25	.....	.....	.....	.....	.....	Voluntary Contributions.
Christian Home for Women.	133 Locust St., Allegheny.	1868	1868	Miss E. C. Martin.	25	.....	.....	.....	.....	.....	Voluntary Contributions.
Little Sisters of the Poor, Home for the Aged Poor.	Washington St., Allegheny.	1878	1872	Sister Anne St. Therese, Superior.	95	.....	.....	.....	.....	.....	Voluntary Contributions.
General and Maternity Hospital of the Woman's Homœopathic Association of Pa.	20th St. and Susquehanna Ave., Philadelphia.	1882	1884	Mrs. Roswell Weston, 210 S. 41st St., Phil'a.	12	73	65	7	1	.....	Voluntary Contributions.

* This institution is under allopathic control, but allows any physician to take patients there for treatment.

HOMŒOPATHIC DISPENSARIES IN PENNSYLVANIA.

Name.	Location.	When Incorporated.	When opened to Patients.	Name of Secretary or Executive Officer.	Number of Patients Last year.	Number of Prescriptions.	Cost of Conducting Last year.	Remarks.
Hahnemann Medical College Dispensary.	1105 Filbert St., Philadelphia.	1874	1848	E. R. Snader, M.D , 216 Lombard St., Phila.	9427	14,683	$500 00	Volun. Contrib. Deficit paid by Coll. Faculty.
Dispensary of the Homœopathic Hospital of Pittsburgh.	First Avenue, Pittsburgh.	1866	1866	D. C. Hultz, M.D., 146 2d Ave., Pittsburgh.	.....	18,511	.....	Supported by Hospital Association.
Children's Homœopathic Hospital of Philadelphia; Outdoor Department.	Carlisle Street, Philadelphia.	1877	1877	F. S. Farnsworth, M.D., 914 N. Broad St., Phil'a.	4247	24,000	918 38	Supported by Hospital Association.
Dispensary of the Pennsylvania Homœopathic Hospital for Children.	43d and Brown St., Philadelphia.	1880	1877	Miss Beulah M. Hacker, 116 S. 22d St., Phil'a.	2037	5,076	.....	Supported by Hospital Association.
Homœopathic Free Dispensary of Allentown.	34 N. Seventh St., Allentown.	Not.	1883 Nov. 15.	F. J. Slough, M.D., Allentown.	* 248	1,233	.....	
Homœopathic Free Dispensary.	Frankford.		1882		.....	.....	.....	
Homœopathic Dispensary of Germantown.	Germantown.	Not.	1883	W. H. Tomlinson, 5110 Main St., Germant'n.	487	2,206	300 00	

* Report for six months

HOMŒOPATHIC MEDICAL COLLEGE.

Name.	When Incorporated.	When opened to Students.	Name and address of Dean.	Length of Yearly Course and time it Commences.	Number of Courses Required.	Number of Students the Past Year.	Number of Graduates Last Commencement.	Number of Alumni.	Number of Faculty.	Number of Professors.	Number of Lecturers and Demonstrators.
Hahnemann Medical College of Philadelphia.	1848	1848	A. R. Thomas, M.D., 1733 Chestnut St., Phil'a.	Six months. Oct. 5th, 1885.	2 or 3	140	48	1,562	18	10	8

HOMŒOPATHIC JOURNALS IN PENNSYLVANIA.

Name of Journal.	Name of Publishers.	Name of Editor.	When Established.	How often Published.	Form.	Yearly Number of Pages.	Subscription Price.
Hahnemannian Monthly.	Hahnemann Club of Philadelphia.	P. Dudley, M.D., E. A. Farrington, M.D.	1866	Monthly.	Octavo.	768	$3 00
Homœopathic Physician.	E. J. Lee, M.D.	E. J. Lee, M.D.	1881	Monthly.	Octavo.	576	2 00

LIST OF MEMBERS OF SOCIETIES.

[Names of Presidents in SMALL CAPS.; Secretaries in *Italics*.]

PHILADELPHIA COUNTY.

Allen, John V.
Allen, Richard C.
Baker, Alfred E.
Baker, C. H.
Banks, J. O. H.
Bartlett, C.
Berkenstock, W. F.
Betts, B. F.
Bigler, W. H.
Birch, J. P.
Branson, Mary.
Brooks, C. M.
Brown, Samuel.
Brown, S. Hastings.
Buchman, F.
Caldwell, F. E.
Castle, D. M.
Christine, G. M.
Conover, T. F.
Cowgill, W. H.
Cresson, C. C.
Crumbaugh, J. W.
Davis, W. B.
Dudley, P.
Dunning, T. S.
Egee, J. B. S.
Erwein, F.
Farrington, E. A.
Fellger, A.
Fornias, E.
French, Harriet S.
Gardiner, G. W.
Gardiner, W. H.
Garvin, J. J.
Gause, P. O. B.
Gessler, C. W.
Gilbert, I. B.
Goodno, C. F.
Goodno, W. C.
Gramm, E. M.
Gramm, G. E.
Gramm, T. J.
Griffith, J. J.
Griffith, L. B.
Griffith, Silas.
Griffith, W. M.
Gross, F. O.
Guernsey, J. C.
Guernsey, W. J.
Gumpert, B. B.
Haines, O. S.
Hamilton, W. C.
Hancock, J.
Hickman, L. M.
Holcombe, J. R.
Ingersoll, W. K.
Ivins, H. F.
Jackson, E. B.
Jackson, Lora C.
James, B. W.
James, H. E.
James, J. E.
Jessup, H. I.
Johnston, D. H.
Johnson, Maria N.
Jones, J. J.
Karsner, D.
Keim, W. H.
Kemble, J.
Kirk, G. J. W.
Knerr, C. B.
Knerr, L. J.
Kniffen, J. B.
Koch, A. W.
Korndœrfer, A.
Langer, P. J.
Lang-McClure, Eliza H.
Lee, E. J.
Lee, J. K.
Lewis, J. C.
Lippe, A.
Long, F. M.
Macfarlan, D.
Macfarlan, M.
Maguire, W. T.
Mansfield, J. R.
Marshall, Anna M.
Marter, G. W.
Martin, H. N.
McClelland, J. H.
Middleton, C. S.
Middleton, M. F.
Mitchell, J. N.
Mohr, C.
Morgan, J. C.
Mount, F. D.
Mullin, W. P.
Neidhard, C.
Neville, W. H. H.
Norton, C. R.
Parke, G. T.
Parker, G. W.
Peacock, W.
Pettingill, Eliza F.
Pierce, W. A. D.
Powell, W. C.
Powell, W. C., Jr.
Price, F. T.
Raue, C. G.
Reading, J. H.
Reeves, J. M.
Rembaugh, A. C.
Sargent, R.
Sartain, Harriet J.
Seip, C. L.
Sharkey, W. P.
Shaw, A. R.
Shallenberger, C. N.
Shemp, P. D.
Shinkle, H. J.
Simmer, E.
Somerville, W. H.
Smedley, I. G.
Smith, E. M.
Smith, G. W.
Smith, L. A.
Snader, E. R.
Snyder, D. L.
Stambach, H. L.
Stewart, G. W.
Stewart, H. K.
Still, Horace.
Straube, R.
Strong, J. W.
Thatcher, J. W.
Thomas, A. R.
Thomas, C M.
Thomas, J. S.
Tindall, Van R.
Tomlinson, W. H.
Toothacker, C.
Trinkle, S. M.
TRITES, W. B.
Van Baun, W. W.
Van Deusen, E.
Van Lennep, W. B.
Wade, J. K.
Walker, M. M.
Wandell, J.
Weaver, C.
Webb, L. W.
Wilcox, H. T.
Williams, T. C.
Williamson, M. S.
Wrisley, J. A.
Yearsley, W.
Young, J. H.
Zerns, W. M.

Chester, Delaware and Montgomery Counties.

Adams, T. L., Berwyn.
Brooks, C. M., Philadelphia.
Crowther, I , Chester.
Hamer, J H., Collegeville.
Hawley, L. B., Phœnixville.
Hoopes, L., Dowingtown.
Johnson, I. D., Kennett Square.
Jones, J. E., West Chester.
Long, S., New Brunswick, N. J.
Mercer, R. P., Chester.
Mullin, S., West Chester.
Parker, T. E., Parkersville.
Perkins, C. W., Chester.
Pratt, Trimble, Media.
Rossiter, F. B., Pottstown.
Starr, S., Chester.
Thatcher, J. W., Philadelphia.
Tomlinson, W. H , Germantown.
Urie, W. T., Chester.
Way, J. H., West Chester.
Williams, A., Phœnixville.
Wood, J. B., West Chester.

Allegheny County.

Anderson, E. O., Braddock.
Bingaman, C. F., Pittsburgh.
Boardman, W. H., Pittsburgh.
Borland, W. C., Pittsburgh.
Briggs, E. E., Pittsburgh.
Burgher, J. C., Pittsburgh.
Chantler, I. B., Sewickley.
Chapman, M. J., Pittsburgh.
Childs, W. R., Pittsburgh.
Cooper, J., Allegheny.
Cooper, J. F., Allegheny.
Cowley, D., Pittsburgh.
Crawford, J. S., Greensburg.
Dean, E. W., Braddock.
Dinsmore, S. W. S., Sharpsburg.
Edmundson, W. F., Pittsburgh.
Ferson, J. L., Pittsburgh.
Fleming, R. K., Pittsburgh.
Fulton, H. W., Pittsburgh.
Gangloff, C. H., Pittsburgh.
Grimes, T. H., Sewickley.
Herron, C. D., Pittsburgh.
Hofmann, C. H., Pittsburgh.
Hofmann, H. H., Pittsburgh.
Horner, J. R., Pittsburgh.
Kerns, W. H. H., McKeesport.
King, W. D., Pittsburgh.
McClelland, J. B., Pittsburgh.
McClelland, J. H., Pittsburgh.
McClelland, R. W., Pittsburgh.
McIntire, R. L., Allegheny.
Martin, W. J., Pittsburgh.
Miller, H. C., Allegheny.
Miller, Z. T., Pittsburgh.
Pitcairn, R. V., Allegheny.
Ramage, R. H , Mansfield Valley.
Rankin, J. S., Pittsburgh.
Rinehart, C. C., Pittsburgh.
Robson, J. W., Pittsburgh.
Rousseau, L. G., Pittsburgh.
Seip, C. P., Pittsburgh.
Shannon, O. R., Allegheny.
Shannon, S. F., Sewickley.
Willard, L. H., Allegheny.
Winslow, W. H., Pittsburgh.

Lehigh Valley.

Becker, J. G., Bethlehem.
Bunting, T. C., Mauch Chunk.
Detwiller, H., Easton.
Detwiller, J. J., Easton.
Detwiller, J. W., Bethlehem.
Detwiller, W.
Doolittle, E. D., Easton.
Fetherolf, J. A.
Hassler, W. A., Allentown.
Helfrich, C., Fogelsville.
Helfrich, J. H., Fogelsville.
Helfrich, J. H., Allentown.
Heller, H. D., Allentown.
Holben, M. J., Slatington.
Jacobson, E. H., Bethlehem.
Kirby, R. B., Mauch Chunk.
Kistler, A. L.
Slough, F. J., Allentown.
Slough, W. C. J , Emaus.
Yoder, D., Catasauqua.

Northern Pennsylvania.

Arthur, Charles, Scranton.
Baldwin, H. D., Montrose.
Brewster, F. D., Tunkhannock.
Bullard, J. A., Wilkes-Barre.
Coe, Sarah J., Wilkes-Barre.
Cooledge, J. N , Carbondale.
Donnell, H. N., Scranton.
Johnson, T. M., West Pittston.
Leonard, H. K., Plymouth.
Ross, S. C., Scranton.
Vail, J. D., Montrose.
Watres, Carrie G., Scranton.

Crawford County.

Benedict, C. W. (Assoc.).
Dunn, J. L., Titusville.
Frazier, J. B., Conneautville.
Heath, L. R., Spartansburg.
Mitchell, Eltha B. (Assoc.).
Morrow, J. O., Evansburg.
Parsons, Anson, Springboro.
Parsons, E. C., Meadville.
Phillips, J. R., Corry.
Pond, E. H.
Quinby, E. C., Titusville.
Rose, Susan F., Meadville.
Sellew, S. W., Oil City.
Smith, Byron, Townville.
Smith, E. B., Union City.
Stoneroad, J. D., Meadville.
Waggoner, G. W., Linesville.
Wilmot, E. P., Franklin.

Schuylkill County.

Boyer, F. W., Pottsville.
Dreher, C. B., Tamaqua.
Haeseler, C., Pottsville.
Kistler, J. S., Shenandoah.
Kistler, William, Minersville.
Klock, H. A., Mahanoy City.
Sandal, J. H., Girardville.
Snyder, L. A., Ashland.
Straup, W. D., Shenandoah.
Swalm, T. W., Pottsville.
Wiest, H. G., Schuylkill Haven.

Beaver County.

Boyd, G. S., Beaver Falls.
Boyd, J. S., New Brighton.
Liscomb, P. D., Beaver Falls.
Nippert, G. N., New Brighton.
Raymer, William, Beaver Falls.
Smith, G. H.
Thompson, J. G., New Brighton.

Western Pennsylvania.

Barnaby, A. M., Red Bank Furnace.
Cleeland, J. S., Freeport.
Duff, P. S., Great Belt.
Leake, E. N., Butler.
Wolfe, W. W., Pittsburgh.

Twenty-third Ward, Philadelphia.

Allen, J. V., Frankford.
Allen, R. C., Frankford.
Bartholomew, G. R., Frankford.
Byer, J. B.
Cornelius, R. W. B., Holmesburg.
Germon, N. T., Holmesburg.
Heritage, A. C.
Humphries, E.
Lewis, J. C., Frankford.
May, N., Holmesburg.
Powell, W. C., Frankford.
Pratt, H. C., White Hall.
Reading, H. R., Somerton.
Reading, J. R., Somerton.
Reynolds, H., Bridesburg.
Umstead, D. B., Tacony.
Van Artsdalen, C.
Weaver, C., Fox Chase.

Hahnemannian of Reading.

Dreibelbis, S. L.
Goodenough, W. H.
Grosscup, J. G.
Haman, W. A.
Jennings, C. B.
Kline, D. C.
Knerr, L. J.
Krebs, R. F.
Marks, W. F.
Pachali, Theo.
Rittenhouse, S. R.
Rittenhouse, J. S.
Schmucker, E. Z.
Schmucker, F. R.

Germantown.

Humphries, Ed.
Karsner, D.
Malin, John.
Malin, W. H.
Mansfield, H. K.
Mansfield, J. R.
Mullin, W. P.
Tomlinson, W. H.
Trites, W. B.
Titman, G. W.
Van Artsdalen, C.
Walker, M. M.

Philadelphia Clinical.

Bigler, W. H.
Goodno, C. F.
Goodno, W. C.
Ingersoll, W. K.
Knerr, C. B.
Mitchell, J. N.
Mohr, C.
Norton, C. R.
Thomas, C. M.
Trites, W. B.

Philadelphia Medical Club.

Bartlett, C.
Gause, P. O. B.
Gramm, E. M.
Haines, O. S.
Ivins, H. F.
Maguire, W. T.
Smedley, I. G.
Van Baun, W. W.
Van Deusen, E.
Wade, J. K.
Wilcox, H. T.

Hahnemann Club.

Betts, B. F.
Dudley, P.
Farrington, E. A.
James, B. W.
James, J. E.
Korndœrfer, A.
Middleton, C. S.
Neville, W. H. H.
Walker, M. M.

Bœnninghausen Club.

Buchman, F.
Dunning, T. S.
Hancock, J.
Macfarlan, D.
Martin, H. N. (Hon.)
Parke, G. T.
Parker, G. W.
Raue, C. G. (Hon.)
Smiley, L. F.
Smith, G. W.
Trinkle, S. M.
Zerns, W. M.

Hering Club.

Fornias, E.
Gramm, T. J.
Griffith, L. B.
Gross, F. O.
Pitcairn, Hugh.
Richardson, A. J.
Sharpless, E. S.

Allegheny County Anatomical.

Bingaman, C. F.
Burgher, J. C.
Chapman, M. J.
Childs, W. R.
Cooper, John.
Cooper, J. F.
Edmundson, W. F.
Hofmann, C. H.
King, W. D.
Martin, W. J.
McClelland, J. B.
McClelland, J. H.
Rinehart, C. C.
Robson, J. W.
Shannon, S. F.
Thompson, J. H.
Willard, L. H.

REPORT OF THE BUREAU OF MATERIA MEDICA

Was presented by the Chairman, Dr. E. Fornias, of Philadelphia. The following papers were presented:

The Symptomatic Treatment of Diseases, by C. G. Raue, M.D., Philadelphia.

Exotic Drugs for Provings, by E. Fornias, M.D., Philadelphia.

ON THE SYMPTOMATIC TREATMENT OF DISEASES.

BY C. G. RAUE, M.D.

Being in the habit of frequently reading in "Hahnemann's lesser writings," for recreation and amusement, I struck upon an article which he wrote in 1809, for Hufeland's Journal of Practical Medicine, under the title of *Observations on the Three Current Methods of Treatment*, in which he speaks of the *treatment of the name, of the symptom*, and *of the cause*. The article is too long to be repeated here, but I thought I could make excellent use of it as a basis if I would speak to you on the *symptomatic treatment of diseases*.

The word, "*disease*," and the name of any "*special disease*," you know, is an *abstract*, or a *concept*. If you peel off from a number of different yet similar diseased conditions human flesh is heir to, the dissimilar, or, in other words, if you *abstract in thought* the similar from the dissimilar symptoms of many varied diseased conditions, and *unite* these similar conditions in consciousness, you obtain a *concept* of such conditions; that is, you grasp together in your mind what is *similar* only in various diseased conditions, and drop all dissimilar symptoms. If you now give to this group of similar symptoms, which occur steadily in certain series of diseased conditions, a particular *title* or *name*, you express with that name an aggregate of symptoms or diseased conditions which frequently occur together, and make up a certain so-called disease. Scarlet fever, for instance, signifies a certain aggregate of symptoms, which, in certain diseased conditions happen to be associated with, or to follow each other; and so with all other so-called diseases. The *name*, then, of a disease, merely signifies a certain group of symptoms which is common to a whole series of certain diseased conditions, but it does not specify at all the single *case*, which, beside its simile to the whole group, has also its *own individual character*.

If we now should undertake to treat diseases by their *names*, we would indeed treat them *symptomatically*, that is the symptoms which the name implies would stand more or less clearly before our mind; but we would not trouble ourselves about the *individual character* of the case. And what a relief that would be! Indeed, treating by *name* is perhaps the most convenient method of all in dealing with diseases, and is as old, as old women have dabbled in medicine, as herb-books have told their oracles, and quacks have sold their specifics.

Only think, how simple! "If the patient has the gout, give him sulphuric acid; the remedy for rheumatism is mercury; cinchona is good for ague, simaruba for dysentery, squills for dropsy!" Thus summarizes Hahnemann some of the specifies in vogue at his time. But *we* don't do that any more. Surely not! Now-a-days it reads: If the patient has the gout, give him colchicum; the remedy for rheumatism is salicylic acid; quinine is good for ague, mercury for dysentery, digitalis for dropsy. The thing looks funny; it seems to be a thing that is subjected to freaks, like fashion, and it surely must be a shallow and quackish sort of practice; and Hahnemann says of it: "It is so repulsive to me that I cannot dwell long upon it."

Some of its adherents, even at Hahnemann's time, found out that it would not work; they looked for several remedies for each name of a disease, and pursued the following plan, which Hahnemann humorously describes in these words: "If A should not answer, try B, and if this will not do, a choice lies among C, D, E, F, and G; I have often found H and K of service; others recommend most highly J and L, and I know some who can not sufficiently praise M, W, and Z, whilst others extol N, R, and T; S and X, also, are said to be not bad in this disease. Some English physician recently recommended Q in preference to all others in this affection; I certainly am inclined to give it a trial." "How frequently," says another practitioner, "have I formerly cured ague with cinchona, and yet of late years I have met with some cases where I could do nothing with it. One of these, in which bark had long been used in vain, I might almost say with injury to the patient, an old woman in the neighborhood cured with chamomile tea. One of my colleagues cut short two cases of ague with a few

emetics, in which neither chamomile tea nor bark in the largest doses was of the slighest service. I tried this method in cases where neither of the two latter medicines did good, but the emetics did no good either; I bethought myself of giving sal-ammoniac, and to my astonishment the patient recovered. Yet have I met with cases, where, after bark, chamomile, and emetics were tried in vain, sal-ammoniac also was of no use. Just about that time I read that gentian and sometimes nux vomica were useful in ague. I tried them; the former answered in two cases, the latter in three, where neither gentian nor the other medicines were useful. Belladonna is also said to have cured certainly and thoroughly some agues, and we all know what good effects opium often has. Recently I was much struck with a case of quartan ague that had tormented a robust peasant for a year and a half, in spite of the employment of every conceivable remedy; to my astonishment it yielded to a few drops of tincture of ignatia, sent to him by a foreign professor. And, between you and me, I must give credit to our hangman for having occasionally effected radical cures of agues that were ineffectually treated by myself and my colleagues, by means of some red drops, which, I am credibly informed, contained arsenic. So obstinate and capricious are agues sometimes!" "My friend," says Hahnemann to this, "do you never suspect that all these were different kinds of agues, or, rather, intermittent diseases, differing completely from one another? If it were possible that an ague could be so capricious and obstinate, wherefore did it yield so readily to one remedy? Do you not suspect that there may be more than one, that there may be perhaps twenty different kinds of intermittent fever, which parempirical imbecility has included under one head, has asserted all to belong to a single species (intermittent fever), and has sought to combat all with a single remedy, whereas each requires its peculiar remedy, without thereby deserving to be called capricious or obstinate?" "Ah!" continues the other, "but the practical physician has neither the inclination nor the time to draw such fine distinctions betwixt similar diseases and assign to each its appropriate remedy. If the patient tells us he has intermittent fever, I and my colleagues give him" (you fool! do you not wish to become a bit wiser?) "at first an emetic or two; if that does no good, or does harm, we then give him cinchona; if

that does not cure in large doses, neither the common root nor the royal bark, we then give—". "Just so," continues Hahnemann, "you blindly give one after the other until you hit upon the right one; but you can only go on with your experiments as long as the patience, the purse, or the life of your patient lasts! Out of these lists of drugs," continues Hahnemann, "which were all said to be good for a 'disease,' the more elegant physicians, to give themselves an air of rationality, constructed their compound prescriptions,—three, four, or six ague remedies, five, six, or eight dropsy remedies, all jumbled together, drawn at haphazard from the list, which were recorded in their manuals under the name, 'intermittent fever,' 'dropsy,' and used in practice by coupling them with some kind of spirits, syrups, etc. In this case, too, the mere name of the disease was combated, but, by your leave, gentlemen, much more *methodically!* with *several* weapons at a time. 'If one ingredient in the mixture does not do any good, then the second and the third, or if all these strings break, the fourth, the sixth, eighth, tenth, fifteenth, may effect the desired object.' Thenceforth, no one would look so unlearned as to prescribe only a single medicine; thenceforth no prescription was given that did not contain a hotch-potch of simple drugs; and that, not for investigated, definite diseases, but for mere names of diseases! Parempiricism could not ascend higher; common sense could not descend lower." So says Hahnemann.

But then, my dear sir, *we* don't do such things now-a-days! In the first place, we are *homœopathists!* we—"Now, please," I hear some one cry, "stop talking about that old-fashioned thing; we are *scientific* physicians; we don't want any homœopathic journals, neither homœopathic colleges; we want scient"—*if*icals, I suppose, sure enough. Such *if*icals are quite in vogue just now. *If* the cholera is caused by the comma-bacillus, you, of course, kill him right out; *if* diphtheria is the product of bacteria, you, no doubt, destroy the "vermins" at once; *if* consumption is brought about by some other kind of microscopical fungi, you naturally wipe them out by any means and as fast as possible, and after you have earned by such labor, based upon such theories, such scient-ificals, the blessings of those whom you have liberated from all pains and aches, even toothache, for ever and ever, you will be a wiser man,

if there be any spores of that kind in you. And this brings me to a second point—to the method of making the *cause* the pivot-point of treatment.

Hahnemann divides diseases in general, for practical considerations, into two classes: "diseases having a visible, simply material cause, and diseases having an immaterial, dynamic cause."

The first class is by far the less numerous of the two. Their indication for treatment is obvious. All are agreed that it consists in the removal of the material cause, be that mechanical, chemical or a mixture of both. A broken limb must be set, a dislocated joint must be readjusted, a foreign body must be extracted, swallowed poison must be removed or neutralized. So far we might leave this whole group of causes out of consideration. But even here we meet occasionally cases where the entire array of mechanical skill or chemical knowledge is not sufficient for a cure. For instance, a wound may go on suppurating and destroy fascias and bones, even after a skilful extraction of the ball that causes it; a nail may have been thoroughly removed and the wound cleansed and dressed, and yet serious consequences—continued inflammation, threatening lockjaw—may still remain. Why? What is the cause of this untoward issue? Similar wounds have healed in other persons most readily. Why not in this case? Because there lies an immaterial, dynamic cause at the bottom of this case, which we cannot see, and of which we know nothing, that brings on this result. If we would attribute it to "a scrofulous diathesis, or a great vulnerability of tissue, or an idiosyncrasy," how much wiser would we be after such explanations? What would we know of its real, internal cause and of its treatment? *Nothing*. Take other well established causes of disease: "fright, anger, worriment, unhappy love." We know only that mind has a great power over the body, but how fright may poison a mother's milk that her child is thrown into convulsions, how anger may so disarrange the workings of liver and circulation, that jaundice follows, or how worriment and unhappy love may consume all bodily strength, we know not. You may make analyses, you may build up nice theories and make artful conclusions, but you cannot tell. Why did this person, equally frightened, escape all injuries? Why did another fuming with anger

feel only the better for it after the storm was over? Why do some with plenty of worriment grow fat on it, like some horses on arsenic? Ah! there are still deeper causes which will stand all such detrimental influences like a duck's back the rain, and which we cannot detect by the microscope nor analyze by chemical means. And what do they tell us as to treatment? *Nothing*, I say.

Take another instance, the weather. In speaking of it, I shall quote Hahnemann's own words: "How much have not some attempted to demonstrate to us respecting the influence of the seasons and of various states of the weather, as exciting causes of diseases! We were told of the variations in the thermometer and barometer, the various winds, and the alternations of moisture and dryness of the atmosphere for a whole year before the occurrence of an epidemic, and the murderous disease was attributed quite off-hand and without much consideration to the weather that prevailed during all that long period, just as if the disease could be derived from the state of the weather, or as if they have the relation to one another of cause and effect. But granting that there was something in this, at least in the variations of the seasons, how little comfort can the physician derive from these *unalterable* accompaniments of the world's course, how little *assistance* do they render him in proving the indications from which he can bid defiance to the epidemic actually prevailing! Were the season of the year and the previous state of the weather really the cause of the prevailing distemper, it would avail him little or nothing to know this, seeing that from this cause the specific remedy for the pestilence *cannot be deduced*." And I may add: Still worse would we fare if we were to make imaginary idols to our guides. And this has been done abundantly and *ad nauseam*. At one time all was sour; acidity lay at the bottom of all diseases, and alkalines reigned supremely; at another time the trouble was sought in bad humors, and purging and bleeding reaped a good harvest; then again all was bitter; the bile, the bile did the mischief, all the world was bilious, and all the world swallowed calomel and blue-mass; again there was a time when the cause of all diseases was attributed to infarctions and lodgments in the abdomen. Solvent clysters by the hundreds and purging were the only safeguard

against such dreadful conditions. "Don't you see it?" Holding the chamber-vessel under the doubter's nose. And—how wonderful—there the dreaded infarctions "were bodily brought to light in all their hideous deformity!" Hahnemann's remarks to this game: "Making omelettes in a hat is child's play to this."

But I must forbear following this interesting chapter on causes any further. And what for should I? *We* don't do such things any more; we have progressed in scient*if*icals. We kill intruders, as before remarked, straight out; we supply the want of iron in the system with scientifically prepared iron, the want of calcareous substances with scientifically prepared lime, the want of phosphorus with scientifically prepared phosphorus, the want of digesting material with scientifically prepared pepsin from the ox. That is a song in another key. Don't you see the difference? Ah! I see you have grown a good deal more scientific than the omelette makers in a bed-pan. But, pray, why is it that this body does not take sufficient iron, another not sufficient lime, another not sufficient phosphorus out of the natural food, which contains these articles in sufficient quantities for all other people? Is it because in nature they are not prepared scientifically? Or is it because you only *suppose* the want of these articles in the blood to be the cause of the disease? Might it not be that the want of these articles in the blood is the consequence of an altogether deeper cause which you do not know? Would not, then, your scientific calculations be all at fault, and the administration of these scient*if*icals do more harm than good, as experience sufficiently proves? If a man's system refuses to take these articles from natural food, how can you force your scientificals upon it without damaging the whole fabric?

And this brings me to the other side of the question: Is a knowledge of the *causes* of disease, as far as we are capable at all of acquiring it, really of no use in the treatment of diseases? Or, in other words, do the causes of disease really not indicate any remedy? No, they don't, not as *causes*. *Fright* is not labelled with *opium* as its remedy which had first to be discovered by Hahnemann as its antidote by carefully comparing the *effects* of fright and the effects of opium upon the human system, symptom by symptom. Only by symptomatic comparison it was found out.

And if we give opium just merely for the cause "fright," we may sorely miss our aim, as Aconite, Belladonna, Gelsemium, Ignatia, or any other remedy might be the exact remedy for our individual case and opium not at all. We have even here to treat our case symptomatically and not by its cause "fright." The only use we possibly can make of this cause is that we thereby become enabled to confine our comparison of symptom with symptom to a smaller number of remedies which we know to have removed different symptoms or effects of fright. The desired remedy *may* be among this group, it may not, and then we have to search further until we find the right one. I admit that this is a hard road to travel, especially for the beginner, yet it is the only road to become a master in the healing art.

But I dare not enlarge any further upon this subject, although there is abundant material at hand. The cause as cause does not give us any practical hints for the removal of its effects. These effects must be compared to the effects of drugs; in short, our treatment must be symptomatical.

And this brings me to the third method of treatment, the *treatment of the symptom.* Now here, I hope, we shall have landed at last upon a smooth surface, or do even here discrepancies exist? "The homœopathists, you know," says one of the smart doctors, "are given to that peculiar drudgery of hunting up symptoms in anything, and they possess large books which contain nothing but symptoms, which they call their materia medica, and besides these, auxiliary books, which they call Repertories, nearly as thick, to help them out of the woods, or to hunt for them a particular symptom, which they have set their head on to get hold of (you might just as well hunt in a bag of fleas for a particular one), and what is the funniest part of it, they go on increasing that bulk of symptoms year after year, greedily. Will not their paunch burst at last? Are they not infatuated? Are they not fools? They say they do it all for the purpose of treating diseases symptomatically." Now, look-a-here! we have done that thing long ago; we are doing it still. Treating symptoms! It is the easiest thing in the world! It is easier, even, than treating names. Here we must have at least an idea of the disease; in treating symptoms we need not even that; the patient tells us all. "I cannot go to stool," says

he; "I'll make you go," say we. "I cannot make any water," says he; "We will make it flow," say we. What would our purgatives and diuretics be good for, if we would not use them? What are emetics made for? To clean out the stomach. What are astringents made for? To stop fluxes. What are antiseptics made for? To arrest putridity. What are sedatives made for? To quiet the nerves; to alleviate pain. What are antispasmodics made for? To allay spasms. What are diaphoretics made for? To make one sweat. And what are tonics made for? To strengthen, "*to tone him up, sir.*" If that is not as clear as daylight, I believe you cut your food with the fork and shovel it into the mouth with your knife. And see what splendid effect our treatment has! The constipated bowels have yielded a whole chamber full; the dry skin is bathed in perspiration, the pain gave place to a quiet sleep, and the patient is happy and delighted about it. "Doctor," he will say, "you understand your business; the medicine did just what you said it would!" Such praise, you can imagine, makes us every time an inch taller. "We gradually," and this is the manner in which Hahnemann allows the man to talk, "grow into the period of divine routine, and then it is a real pleasure to be a practical physician. Then we have only to assume a dignified mode of carrying the head, speak in a tenor voice, so as to inspire respect, give great importance to the movements of the first three fingers of the right hand in writing a prescription, and present a certain authoritative something in the attitudes of the body, in order to be able to exercise perfectly, in all its details, the golden art of the *savoir faire* of the routine physician. Of course, the smallest details of the attire, of the equipage, of the furniture, and of the array of servants, must all be in harmonious keeping."

Now, gentlemen, there is no doubt that this method of treating the symptom is certainly captivating to both the physician and the patient, and Hahnemann was quite right when he predicted that "Of all the false methods of treatment, this undoubtedly would have the longest run, because it does not necessitate much care nor much thought," and he might have added, it has some show of success, which captivates the public. People, as a general rule, do not want to get well; they do not know what that means; they want merely to get rid of a symptom which at present annoys

them. Pain anywhere, or sleeplessness, or want of appetite, or constipation, or diarrhœa, or fever, and so on *ad infinitum*, are the troubles they want to have stopped. "If I can get rid of that I will be all right." And palliation does this in a great many cases. For how long? "That does not matter at present; the remedy can easily be repeated!" And with what consequences? "That does not matter either, for then the disease has changed its character, or has become altogether a different disease!" "Ei, so lüg' du und der Teufel!" which is an untranslatable German phrase, meaning in a mild way to say: You are a big story-teller. Do we not meet daily such miserable victims of palliative treatment? But then what am I talking about? *We* are homœopathists; we—Hark! don't you hear that same angry voice again? "Stop your talking about that old-fashioned nonsense! We have advanced; we are scientific physicians; we can handle the hypodermic syringe as well as others; we give Castor-oil or Aloes and Podophyllin pills, whenever the other medicines fail in our hands; we shall even discard, by and by, our beloved quinine pills against fever paroxysms (everybody knows nowadays how to spell quinine and can get it himself in any drug-shop; the thing is getting rather stale); we shall use in place of it the newly-discovered, real, scientific, antipyretic alkaloids, either the '*hydrochlorate of oxy-hydro-ethyl-quinoline*' (Kairin), or the '*letru hydropara-methyl-oxy-quinoline*' (Shallin), or the '*di-methyl-oxy-chynizine*' (Antipyrin). That sounds like science! And I defy any one of the laity to spell these names."

Well now, gentlemen, there you see. This is all symptomatic treatment, whether it be a treatment of the name, of the cause, or of the symptom. Why, then, do they all get so angry with homœopathists who professedly value their materia medica above anything, and search diligently for every symptom a single case may present to them, whether subjective or objective? It must have one or the other reason. Either they cannot grasp the law "*similia similibus curantur*," in its entirety, or they shun the work required to apply it effectually, and choose easier ways to get astray. Even should they shelter their mode of treatment under the plea of all sorts of plausible reasons, and allege it to be homœopathic after all, or follow implicitly the example of their authorities,

it would not be a whit more homœopathic, but would remain what it really is, a treatment either of the name, or of the cause, or of the symptom.

"Thus have I seen," says Hahnemann, "the devout monks in a monastery dine upon *partridges* on a *Friday*, but not before their prior had made the sign of the cross over them, accompanied by the transmuting blessing—*fiat piscis!*—'And it be fish!'" If that were homœopathic treatment, homœopathy would be much older than it really is; it would not have needed the genius of Hahnemann to discover it. What, then, is homœopathy?

It is the science and art to find for a single given case of sickness, the curative remedy. This presupposes, first, a thorough knowledge of the *case*, and, secondly, a thorough knowledge of the materia medica. A thorough knowledge of the case, as far as that lies at all in the capability of our nature to acquire, we can gain only by a close investigation into all the objective and subjective symptoms of the patient. This includes physical examinations of all kinds, without and with auxiliary means, such as instruments, chemical analyses and so on, and a skillful drawing out of the patient's subjective feelings, his temper, desires, and aversions. These data have further to be defined by inquiring into the conditions and circumstances under and by which they are excited, aggravated, ameliorated, or removed. To accomplish this well it takes science and art, and yet it all would not suffice for homœopathic treatment, if it were not for the law, "*similia similibus curantur*," which Hahnemann has revealed to suffering mankind, and which will ever be a true guide in the search for help to the afflicted. But the application of this law presupposes a thorough knowledge of our materia medica and a skillful utilization of the same. Again, science and art superficially will never realize the full benefit of this great law, and hence so many errors, so many doubts, and so many deviations.

EXOTIC DRUGS FOR PROVINGS.

BY EDWARD FORNIAS, M.D., PHILADELPHIA.

One of the inconveniences with which the Bureau of Materia Medica has always to contend is the narrowness of field to which it has been brought by arbitrary division. A worker of this most important branch cannot take a classified or given group of symptoms and endeavor to find corresponding phenomena in the symptomatology of our well-proved drugs without impinging against therapeutics. Clinical medicine can deal with almost any medical branch. Internal pathology likewise. But to Materia Medica, which is, we may well say, the foundation of Homœopathy, that branch which has enabled us to attain the position we occupy today in the medical world, only two narrow and difficult roads are left, namely, Provings and Reprovings.

Now, gentlemen, anybody who knows well the real meaning of these two words will readily understand that the task is not within the reach of a scattered bureau, often composed of the most complex material in regard to facilties, disposal of time, earnestness, enthusiasm, etc., and the result is that unless we have some verifications to report, the only thing left for us to do is to hammer at the old, well-known structure, with little or no benefit.

I believe, however, that any one who compares disease-symptoms with drug-symptoms is dealing with Materia Medica, but in order not to appear pretentious on the subject, I have limited myself to a work which can only be claimed by the branch I have the honor to represent.

To undertake even a fragmentary proving, I repeat it, was for me an impossibility.

It is in the interest, then, of any member who in future time may have the means and perseverance to engage in provings, that I have prepared my paper on exotic drugs.

And I commence by calling your attention to several valuable plants and their products, not well known to us and extensively used as popular remedies in Cuba.

I may first introduce to you the *Escoba amarga*, or bitter broom (*Parthenium histherophorus*), used by the natives of Cuba against

intermittents. This plant, also called *Cuban China* (Quina de Cuba), has been of late loudly extolled by Cuban doctors as a powerful antipyretic. An alkaloid from this plant has just been obtained by the studious young chemist, Don Carlos I Ulrice, of Havana, which he has called *parthenina*, and at the hand of Dr. Ramirez Tovar and others has proved to be an efficacious febrifuge. It has been also recommended against neuralgias of paludic origin.

It may not be out of the way to inform you, just here, that the above alkaloid is not the only one obtained by Dr. Ulrice from the *Parthenium histherophorus*. After his first successful experiments, when he was engaged in purifying the *parthenina*, he separated another principle of the same nature which he called *Parthenicina*, and as a result of subsequent observations he extracted three more alkaloids which he respectively named *Parthenidina*, *Histerophorina*, and *Histerophoricina*.

Of these five alkaloids only the first obtained, *parthenina*, has been studied on the animal and healthy man, and its physiological action described by Dr. Dueñas, of Havana. It is my intention to translate Dr. Dueñas' paper on the subject and publish it in the *Hahnemannian Monthly*, as I think the *Escoba amarga* is a plant of great future and worth the trouble of a thorough proving.

I cannot understand how the cutaneous effect of the poisonous shrub *Guao* (*Comocladia dentata*), so similar to our *Rhus toxicodendron*, but more powerful in its action, has not induced some of our men to make a complete proving of it. The knowledge of its use in malignant erysipelas, malignant ulcers and leprosy has been exclusively derived from its external effects, and the conclusion that otherwise it is already represented by *Rhus tox.* is highly erroneous. *Guao* is a more active and penetrating poison.

I once saw a slave in Cuba poisoned by this drug, who, besides the terrible vesicular inflammation, suffered for three days with high fever, and in the evenings presented well-marked typhoid symptoms. And an old gentleman of my acquaintance, every time he passed under its shade, without touching the plant, was attacked with a severe vesicular eruption, impeded speech, and pain about the tongue, which often became much swollen.

About three years ago I imported from Baracoa (Cuba), by a

Philadelphia schooner, a barrel full of branches and roots of the *Comocladia dentata* for Messrs. Boericke & Tafel, of this city, and soon after I heard that the poor man who was ordered to fetch from on board of the vessel the dangerous plant to the Arch Street house, by an indiscreet handling, was poisoned in the most fearful manner, and compelled to take to bed for several days. Perhaps the doctor who attended him could tell us something about the case.

Guaco is another plant to which many virtues have been attributed. Hale says that Dr. Elb, of Dresden, Germany, has published provings and pathogenesis of the medicine. If so, I think it is time for us to know something about it. In the tropics it is used as an antidote to bites of venomous serpents, but quacks recommend it in sterility, syphilis, yellow fever, ague, etc.

I remember the case of a lady friend of mine who took a decoction of *Guaco* for sterility nearly four months, without the desired effect, and at the end of said time was compelled to drop the medicine entirely on account of a copious, corrosive, putrid leucorrhœa which developed and was debilitating her greatly. She told me herself that sometimes she felt as if fire was running out of her parts, and that the inside of her thighs were materially tanned and her clothing was always stained yellow. She complained also of a terrible itching and smarting, especially at night. Before she took this drug, never suffered from any of these symptoms. I gave her Kreosotum and a few doses of Sulphur, and cured the leucorrhœa.

The *sapote* and *ajonjoli-seed* (*Sesamun orientale* and *Piper peltatum*) are long known in Cuba and South America as powerful diuretics. The *coceiso* and *pica-pica* are well-known purgatives in the tropics.

The *pulp of güira* in the form of a syrup has been employed in Cuba as a purgative, in lock-jaw, to expel clots and pieces of retained placenta, and in chest troubles. The *güira cimarrona* (*Cresentea cujete*) is a good maturative.

The *Cardo santo* (Carduus benedictus) is a peculiar plant held in great esteem by the Cubans. The roots are used as a sudorific in fevers, the flowers as an expectorant in catarrhal and asthmatic troubles, and the seeds as an emetic.

There is in Cuba a variety of Milkwort, called *Polizala*, which I

do not know if it is the *Polygala senega* or *Punctata* of our Materia Medica. It is used both by the people and profession as a valuable stimulating expectorant in bronchitis, pneumonia, and other affections of the organs of respiration.

The marañon (Anacardium Occidentale), fruit and nut, as well as the *Mangle-bark* (Rhizophora mangle), which grow in the Cuban coasts, are powerful astringents. The nut of the former contains a caustic oil employed by the natives to destroy warts.

The Cuban country people have used for many years a resinous product obtained from the *Guaguasi* (*Lætia longifolia*) as a powerful drastic. Other resinous products of Cuba worth mentioning are the *Goma almacigo* (*gum of the Pistacia lenticus*) and the *Recina manajú*. The former has been employed in gastric and chest troubles, the latter as an antispasmodic. In many districts of Cuba the *Recina manajú* is kept in every home and applied to wounds of all descriptions as a preventive of lock-jaw.

Other plants quite popular as domestic remedies in Cuba are: *Malambo*, worthy of a proving. Employed in diarrhœa, vomiting, cramps of the stomach, and colds. *Yerba Luisa*, similar in its application. *Vetiver* in colic. It produces marked eructations. *Grama* (*Triticum repens*), also called *canina*, because dogs eat it to produce vomiting, is used as a diuretic. *Hita-morreal* and *Cundiamor* in amenorrhœa. The seeds of the latter give an oil which has been used in burns and wounds. *Vicaria blanca* or *Purisima blanca* in tenesmus and catarrhal ophthalmia. *Apazote* (*Ocimum americanum*) in colic and as an anthelmintic. *Verdolaga* (*Portulaca oloracea*) and *Piñon* as anthelmintics. (The latter plant is similar to the pine-apple, and is used to hedge landed property. The fruit is the part employed as a worm medicine, and grows in central bunches of twenty or more piñones, of about two inches long, yellow when ripe and of a very acid taste.) *Caña fistula*, the fruit and pulp of the *Cassia fistula*, is a popular remedy for abdominal colics. *Recedá* (from the Latin resedo—to calm) (*Mignonette*) is extensively used for indigestions and abdominal pains. The *seeds* of the delicious fruit *Anon* (*Annona*) are used by the country people to destroy lice.

These are the principal plants growing in Cuba, which I think could furnish valuable additions to our Materia Medica. But there are yet some other West India islands and countries, such as

Mexico, Central and South America, which are inviting us to study their rich floras.

The natives of Martinica, for instance, used the nut of the *Cocotero* (Cocos nucifera), well grated and aided by the Oil of Palma Christi, against the tænia solium.

In tropical America we find a plant called *Manzanillo*, from *Manzanilla*, small apple (*Hippomane mancinella*), which is an object of terror to the natives, as resting under its shade is believed to produce sickness and death, but Dr. Contance, of France, who studied the plant, did not experience any evil results by so doing. Where the danger really resides is in its fruit. It has the shape of a small apple and the odor of lemon, but woe to the traveller who tempted partakes of this attractive little fruit. The lips and throat would at once burn up, and death be the result.

In the vast and varied regions of Mexico we find, also, plants of inestimable value. Among them I may mention the *Damiana* (Turnera aphrodisiaca) which has been for many years employed by the natives to regenerate their vital forces. It is said to be an aphrodisiac and stimulant of the cerebral functions.

Another esteemed plant there is the *Yerba de la tisis* or *Yerba santa* (Eryodycton californicum), highly recommended in chest affections. The proving by Dr. Pease in Allen's *Encyclopædia* clearly confirms the assertion.

The *Yuca* (Yucca) aboriginal of Mexico, which furnishes one of the most important aliments of the intertropical regions, may become a valuable drug. The farinaceous root of this plant is eaten like potatoes, and it is by coction that it becomes an inoffensive article of food; otherwise, it is a violent poison. Its toxic principle is the *Cyanhidric acid.*

I have in my possession a few ounces of the mother tincture of *Huitziciltemett* which Dr. Gonzales of Mexico was kind enough to send me. The plant grows in the forests near Queretaro, and is said to be a domestic remedy for hepatic troubles.

The Yolotxochitl or *Magnolia grandiflora* of Linnæus (*Polyandria polygama*) is also at home in this country. My friend, Dr. Talavera, of Orizaba (Mexico), made a valuable proving of this plant, which he presented as a thesis to the faculty of the Hahnemann Medical College of this city, and was published in the Septem-

ber number of the *Hahnemannian Monthly* for 1882. He states that before the conquest, the Aztecs employed it for cardiac troubles, and that from this use it received the name of *Yolotxochitl*, which means "*heart flower*." That at present it was used empirically by the Spaniards, generally in the form of a tincture made by maceration with sherry wine.

Through the kindness of Sir Tomas Felguerez, of Aguascalientes (Mexico), I received and have in possession the leaves, fruit, and seeds of *Toluache*, a plant of which I had heard so much, and which is said to produce an incurable madness. This gentleman informs me that the leaves are employed in the form of a poultice for severe pains which resist other treatments; that a few seeds have been taken without any fatal results following, but that he knows of a child who partook of the capsule or fruit and died soon after. However, I must confess that since I received it, I am very much disappointed, as I think the *Toluache* is our *Thorn-apple* (*Datura stramonium*), or a similar solanaceæ.

In Colombia we find the *Sinaba valdivia*, botanically related to the *Sinaba cedron*, and employed against fevers of marshy districts. Also the *Guarumo* (Clibadium), used in the form of a syrup for phthisis, the *Drymis granatensis* as an aromatic stimulant, and an elegant *Scrophularia* called *Gratiola origanifolia* as an emetic.

The oil of *Carrapapi* brought to this country by Dr. Márquez, of Barranquilla (Colombia), is used in South America as an antidote to the poisonous wounds inflicted by the sting-ray. It is said that among the symptoms produced by the cut which the Raya inflicts with its dentation, priapism is the most prominent and persistent. If so, it is rather curious, because the oil is also employed in gonorrhœa and cystic troubles. Dr. Edward M. Gramm, Dr. Francis O. Gross, and myself, at the request of Dr. Márquez, applied the drug empirically several times, in somewhat heavy doses, and the symptoms developed and aggravations caused, clearly indicate that it has a marked action upon the genito-urinary organs.

Dr. Márquez, before leaving this country, promised to send me a full description of the plant from which the oil is obtained, as well as its botanical name. I have a few ounces of the oil, and I am willing to furnish some to any one desirous of making a proving.

In Equador the juice of the *Caña agria* is a very popular remedy

for diabetes mellitus, which is very prevalent there. It is said that Duguet and Gubler, of France, have already obtained good results with it in this affection. The *Condurango* grows also in this country, and anybody who would hear the natives speak about its curative powers in cancer, could not help but think that there is something in it.

Peru is the birthplace of our historical *Cinchona*, and although it does not offer us sure traces of indigenous therapeutics, we must not forget that the *Erythroxylon coca* is there at home, a plant which has furnished the wonderful alkaloid *Cocaine* and revolutionized with it ophthalmic surgery. I give no description of the plant, because, since Koller, of Vienna, a year ago, reported his valuable experiments and demonstrated the anæsthetic effects of the alkaloid upon the terminal nerves of the conjunctiva and cornea, every journal in this and other countries has exhausted the subject. Otology, laryngology, rhinology, gynæcology, and even dentistry have already taken advantage of its benumbing influence. How many secrets like this are still hidden in the woody fibres of ignored and slighted plants, time alone can tell.

In Chili there is a fertility quite in contrast with the dried up soil of Peru, and among its many plants those deserving consideration are: The *Boldo* (*Boldoa fragrans*) which is said to be very efficacious in hepatic and renal troubles. The *Canchalagua* (*Erythrea chilensis*) is used by the natives as a febrifuge. The *Guilmai* (*Echites chilensis*) is a powerful errhine, and, notwithstanding its violent action, does not produce any inflammatory symptoms.

The leaves of the *Monnimia polystachia* are expectorant, while the root is astringent. The *Cardo* (*Argemona mexicana*) and the *Pangue* (*Gunnero chilensis*) are also astringents, but the constricting action of the latter is the most energetic. Dr. Gaudichaud recommends very highly the juice of the *Pangue roots* in persistent uterine hæmorrhages and leucorrhœa. According to this authority, the women of Chili employ a lotion made with this root, to recover the physical appearances of a long-lost purity. The decoction of *Sauco* (*Sambucus mexicana*) as a sudorific and the cold infusion of the leaves of *Guayabo* (*Guava tree*) against indigestion, are also popular remedies in Chili.

With the leaves of a shrub called *Mate*, which grows principally

in Paraguay and the Argentine Republic, the natives make a delicious decoction as a substitute for coffee and tea, and which is said to be a stronger stimulant than the former and to have a finer aroma than the latter. Experiments with this plant have shown that it is not devoid of therapeutic value.

In the fertile banks of Uruguay grow several varieties of *Diosmeas*, which furnish the well-known *Buchu*.

Next comes the great Brazilian Empire largely contributing to the American flora. What can be compared with those inextricable forests of the Amazons where botany has much to discover yet? There we find powerful narcotics, such as *Mulungu* (*Erythrina corallo-dendron*) and its alkaloid *Gritrina*. It is similar to the *Piseidia erythrina* of Jamaica. The *Raiz de Guinea* (*Petiveria letranda*) is also a nauseant narcotic. The *Jurema* (*Acacia jurema*) takes the place of the Haschisch, and the intoxication it produces is accompanied by fantastic dreams and full of enchantment. The *pagês* or Indian witches employ it to intoxicate their candid clients, so that they give credit to their assumed supernatural power.

Nature has well answered the needs of this country by furnishing her with a large number of febrifuges.

Among them I may mention the *Pao pereira* (*Geissos permum velossi*) and its alkaloid *Pereirena*, the *Quebracho bark* (*Aspidosperma quebracho*) and its active principle *Aspidospermina*, which is said to be also very useful in various forms of dyspnœa; and finally the *Quina do campo* (*Cinchona ferruginea*). Its alkaloid, *Vieirina*, according to Dr. Feris, of France, constitutes the most glorious triumph of Brazilian medicine. Its curative power in paludic fevers, and above all, against pernicious fevers, asserts the same authority, is at least equal to that of Quinine, with the advantage that it is much cheaper. The *Strychnos pseudoquina* has a bitter bark, which curiously enough does not contain any of the violent poisons of the Loganiaceæ. Of all the Brazilian plants it is perhaps the one which has the most widespread use, and its properties best confirmed.

As purgatives we find there the *Arguietosa* (a substance extracted from the *Anchieta salutaris*), the *Euphorbia pupillosa*, the *peponides* of the *Cayopona globulosa* from which the poweful drastic called *caya-ponma* is extracted. The juice of the *Gamelleira* (*Ficus*

doliaria) is also a strong purgative, as well as a vermifuge. It contains a vegetable *pepsine* called *doliarina*, superior to the *papaina*.

The oil of *Anda-assu* (*Johanesia princeps* or *Anda brasiliensis*) can take the place of castor-oil, and above this, it has two advantages, namely, to produce the same effect with a dose 4 or 5 times smaller, and it has not its repulsive odor.

There are also many relatives of the emetic *Ipecacuanha* in Brazil.

As pectorals we find there the *Uneralobata*, the roots of the *Jatropha curcas*, and the *Cana aromatica* (*Acarus calamus*); the latter being the best.

The *Milbromeus* (*Aristolochia cymbifera*) is an excellent sudorific.

As diuretics I can mention the leaves of *Cinco folhas* (*Bignonia ó Sparatios pernum leucantha*), the *Herva de bicho* (*Polygonum antihemorrhoidale*), and the *Pavonia diuretica*. The physiological action of the *Palicourea densiflora* is identical to that of *Digitalis*. This plant contains among others a volatile narcotic principle, which exerts a curious attraction for rats, similar to that of *Valeriana* for cats.

The *Ditana digitifolia* has the beneficial property of increasing the lacteal secretion in women.

The bark of *Coto* (which is thought to be a *Piperacea*) and its active principle *Cotoina*, as well as the *Hypericum connatum*, are powerful astringents.

The milk of the *Cuaxinguba* (*Ficus anthelmintica*), an indigenous tree which reaches a gigantic size, possesses marked anthelmintic properties.

Cutaneous parasites are destroyed in that country with the bark of the *Timbo de los pharmaceuticos* (*Lonchocarpus Peckolti Havra*), or with the juice of the *Simaruba versicolor*. There grows also a magnificent tree, the *Bowdichia major*, which is a popular remedy for cutaneous affections.

The *Araroba* or *Po-Boca*, first introduced in Europe by Palaone-Champeaux, although a noted parasiticide, and of remarkable action in skin diseases, has an obscure botanical origin. Brazilian, French, and English physicians, who have employed it in herpes circinatus and tonsurans, as well as in tinea sycosa, speak very highly of it.

It has also been used internally as a vermifuge. Silvia Lima has given it with wonderful success against the anchylostome of the *Ofila câo*, and Normand against the minute eels of the Cochin-China diarrhœa. Silvia Lima believes that this unknown powder is derived from the *Angelim amargoso.* This plant, according to Caminboa and Rey, is known by the scientific name of *Andira anthelmintica.* Portes, of Toulon, is inclined to believe it is the *Cassia alata* (*Guacamaya Criolla* of *Cuba*). Dr. I. Macado de Aguiar, after recent important investigation, thinks he has established that the *Araroba* takes its origin from an *Andira* yet to be described, which he calls *Andira Araroba* (family Leguminosæ-Papilionaceæ.)

An infusion made with the small grains of *Jequiriti* has been and is yet a popular domestic remedy in Brazil for ophthalmia. Old-school physicians of that country admit that this substance produces a conjunctivitis, which disappears spontaneously at the end of ten or fifteen days, and curiously enough recommend it for obstinate cases of granular conjunctivitis.

The *Pariparoba* (*Piper umbellatum*, or *Caisimon* of *Cuba*) has leaves which, applied to abscesses, make them disappear completely.

If we turn our eyes in another direction, we find under the burning sun of Africa, valuable plants of violent action, which, like the *Calabar bean*, deserve a thorough proving. Among them I may mention the *M'Boundou*, recently experimented with by Heckel, and said to be, even in very small doses, diuretic and inebriating. The *Inca* has been studied by Polaillon and Carville, but I ignore the result of the experiments. The *Iboga* in small quantities is said to be an aphrodisiac and stimulant of the nervous system. The hunters and warriors make a great use of it in order to be always vigilant during nocturnal ambushes.

In Guinea, the Mina and Ioruba tribes partake with pleasure of the *nut* of Kola (*Sterculia acuminata*). It is a cerebral stimulant, and takes with them the place of coffee; also a good astringent, and highly craved as an aphrodisiac by old sinners. Heckel has found in this nut Theobromine, the crystallizable principle of Cacao, and more Caffeine than in the best classes of coffee.

In Senegal, under the influence of a tropical sun and abundant

rains, even during winter time, grow also a great many plants useful to the natives. For instance, the decoction of the bark of the *Cailcedra* has been used for many years by the Yolofos against paludic fevers. The same is the case with the bark of the *Donudaké*, which is held there as a valuable febrifuge. Corre thinks it is related to the *Rubiaceæ*, and Venturini, who speaks very highly of it, has found in the plant a considerable amount of *salicin.*

The powdered bark of the colossal *Baobab* (Adansonia digitata), a tree which attains the largest dimensions and age known, and occupies among the plants the same place which the elephant has among the animals,—ancient witness of the last revolutions of the globe and of the deluges which buried and entomb the products of the primitive world,—has been used by the negroes of Senegal, not only as a condiment, but to maintain the body in a state of moderate transudation and mitigate the excessive internal heat; also as an antidote against certain fevers. Its fruit, called in the country "*Monkey bread*," contains a pulp of a sourish and agreeable taste, and a refreshing drink is made from it, which is also given in fevers. The negroes of Senegambia dry carefully the leaves, and make from them a powder called *lalo.* These leaves are said to be used as a preventive for the dysentery and inflammatory fevers, to which Europeans residing in Senegal are so exposed.

The *Teli* is nothing but the *Mancone* (Sterculia acuminata) of the Portuguese. It is used to poison arrows and to prepare the terrible liquor of test of certain African tribes. Its active principle, *eritoflema*, is a new cardiac poison. This substance is sometimes mistaken for the *Meli*, which is thought to be also a liquor of test in African courts.

If we leave the occidental coast of Africa, and round the Cape of Good Hope to the Indian Ocean, we find the Island of Reunion. Upon the hilly forests of this island grows the *Aya-pana*, and an infusion made with this plant is used as an antispasmodic. Also, the *Faham* (*Angræcum fragrans*), from which an aromatic drink is made. The *balsam* of *Ysla Chata* (*Psiadia balsamica*) is employed as a powerful anti-catarrhal; the *Durand potato* (*Calystegia soldanella*) as a purgative; the *Sylophora asthmatica* as a powerful emetic; the *Senecio ambavilla* as a pectoral; the *Guéritvite* (*Siegesbeckia orientatalis*) as a tonic and sialagogue; and the bark of

the root of the *Moringa plerygosperma* as a rubefacient. (It is said to be as active as mustard).

The yellow *liana* (*Danais fragrans*) is used by the natives of Madagascar and other islands of the Indian Ocean, against certain herpetic and malignant ulcers. Its local action is analogous to tannin.

The *oil of Chaulmoogra*, collected in the same islands, is considered a precious specific for leprosy. Leclere goes so far as to say that, thanks to this substance, leprosy can be cured, and despair is inopportune.

In Abyssinia, there are several valuable tæniafuges; among them I may mention the *Moussena* (the bark of the *Albizia anthelmintica*), the *Tatze* (the fruit of the *Myrsina Africana*), the *Habbi-Tsalim*, the *Habbi-Tchugo*, which is said to possess the peculiar property of coloring purple the renal secretion, and finally, the *Kousso*, which, being the least important of them, is, however, the only one introduced and employed in Europe.

The *Amni Visraga* is a very popular emetic and narcotic in lower Egypt.

In the extreme Orient, the *Panax quinquefolia* is, after tea, the most popular plant. The Chinese use it as a powerful tonic and also as an aphrodisiac. In the middle empire its price is 500 francs per kilogramme.

The *Hoang-Nan* (*Trychnos Gautheriana*) is held in Hindoo-China as a panacea. Missionaries in that country assert that, according to the natives, this plant is an infallible remedy for scrofula, ulcers, bites of serpents, all cutaneous affections, intermittents, paralysis, the pest, cancer, and epilepsy, but most especially for leprosy and hydrophobia. The exaggeration is a capital one, but undoubtedly the plant deserves our consideration. The eminent chemist Hurtz has found it to contain *brucia* and *strychnia*.

In the districts of India bathed by the Mé-Khong, the intestinal affections are very common and severe, and there we find many plants used as antidysenterics, such as the *Ixora dandxuca;* the *Tribulus terrestris*, which is said to be also a good hæmostatic; the *Bael* (*Aegle marmelos*), and the *sacred tree* of the Hindoo, which protects with its shadow the temples and pagodas.

The *Ailanthus glandulosa*, the tree of Heaven, of which we have a good proving by Dr. Wells, is employed by Chinese physicians against acute diarrhœa and dysentery. Dr. Robert, of France, was the first who introduced this plant in Europe, but the first experiments were made by Professor Hetét, who recommends it as an anthelmintic, and even as a tæniacide.

The Hindoos are said to possess an excellent laxative and purgative in the *Aleurites triloba.* Its action is similar to that of Castor-oil, but its similarity in taste to filberts makes it more agreeable.

The small seeds of the black *Cumin* (*Nigella sativa*) have a very interesting action. They produce, says Canolle, a true artificial fever, stimulate the circulation, increase the temperature and secretions, and by their especial action upon the ovary-uterine apparatus they constitute a powerful emmenagogue and abortive, well known among the women of Karikal and other districts of India.

The country of *Cubebs* is rich in so-called anti-blennorrhagics. In India as well as in Cochin-China, the *balsam* of *Gurjun*, obtained from incisions made in the trunks of divers species of *Dipterocarpus*, takes advantageously the place of Copaiba. Its taste is more agreeable, it imparts no odor to the breath, nor produces any cutaneous eruption, and its effect is in no way inferior. The *Pœderia fœtida* is considered also an excellent diuretic.

The *Kauta nyteeya* (*Amaranthus spinosa*) is a very common tree in India, and it has the reputation of stimulating the lacteal secretion in milch cows, which are very fond of it. English physicians look upon it as a true specific for gonorrhœa.

There is a powder called *Kamala*, obtained from the capsules of the *Rotlera tinctoria*, a variety of *Euphorbiaceæ* of Bengal, which is employed against dermatoses. Internally in leprosy and helminthia, and externally in herpes circinatus.

But the most popular remedy for cutaneous disease is undoubtedly the *Cassia alata* (*Guacamaya criolla* of Cuba). The Anamites and Hindoos have employed it for centuries against herpes circinatus. This practice has been going on, unnoticed and disdained, until Mr. Pierre, Director of the Botanical Garden of Saigon, called the attention of the French physicians to this use of the plant, and

induced Dr. Guerard of Brest, to introduce it in France in 1868. Later, Dr. Leclere of Toulon, employed it with marked success in dermatoses, and Dr. Corre of Nossi-Be-Portes, has analyzed the plant and found it to contain *chrysophanic acid*, a new substance, principally obtained from the *Parmelia parietina*, which crystallizes in fine golden-yellow scales, and contains $C_{10}H_8O_3$. *Rhubarb* also contains it, together with *emodin*, a principle closely resembling *Chrysophanic acid*. This authority believes that the famous anti-herpetic powder, *Araroba*, is in part furnished by the *Cassia alata*, which also grows abundantly in the West Indies and South America. The seeds are considered in Persia a valuable anthelmintic.

In Cochin-China the inhalations of the *Mimosa fera* excite violently the respiratory tract, and are used in hemiplegia and other forms of paralysis.

In the same country, a scorpion, called *Baocap*, is used as a vesicant. The Anamites, after killing it with the vapors of vinegar, let it get dry. It has the advantage that it does not affect the renal organs as happens with Cantharis.

The *Xanthoxylum nitidum* (*Rutaceæ*) is, according to Féris, of France, the *Piper japonicum* of some authors. It has perfumed berries, which taste like lemon, and it serves as an aromatic to the Moys. Vesicant poultices are made with the fresh leaves, and the roots are said to be emmenagogue and febrifuge. The therapeutic virtues assigned to this renowned plant in Hindoo-China, China, and Japan, are so numerous, that I think it would be profitable to study it thoroughly.

The Hindoo-Malay Archipelago, by the unheard-of luxury of its vegetation, compares favorably with India and Brazil.

In the active deadly juices of the *upas antiar* and *upas tieute* the natives of Borneo submerge the arrows of their bows. The *duho upas* (*Strychnos tieute*), another name by which this terrible poison is known, grows also in Java, Sumatra, and Celebes, where it is also used as an arrow poison. Rumph, who has described this plant, calls it *Arbor toxicaria*. It is a more violent poison than the *curare* of the Orinoco, or the *woorara* of the Amazon. The smallest quantity destroys the largest animal. Dr. Beagle, of London, asserts that the Indian and African arrow poisons differ in composition and action. The difference consists in that the

upas antiar, like the *corroval* and *vao* (South American arrow poisons), kills by paralyzing the heart, while the *upas tieute* produces the most violent convulsions.

The stories we hear about the *upas* are really fabulous. However, Thunberg, of Upsal, a noted Dutch botanist, makes the following description of the plant: "It is distinguished at a long distance, and always green. The soil which surrounds it is herbless, and as if burnt. Its sap has a dark-brown color, and, like other resins, liquefies under the influence of heat. The natives, in order to protect themselves against its emanations, and, above all, against the drops which fall from it, take the greatest care and precautions. They cover their heads, hands, and body with clothes, and even so, avoid the tree as much as possible. To approach it and collect the sap, they use bamboos provided at one end with bored steel points, which they insert into the trunk, when the juice runs through the hollow steel and bamboo down to the first next joint or knot. To fill these tubular spaces properly, the pointed reeds must remain inserted for three or four days, at the termination of which time the poisonous substance will consolidate, and then be ready for removal and preservation. The poison thus collected will lose in strength if kept longer than a year."

According to the same authority the exhalations of the *upas* produce spasms and dull the senses, and whoever passes under its branches with the head uncovered loses the hair. A single drop of the juice, if it should fall on the skin, would cause a violent inflammation. Birds fly with difficulty above the meeting branches of the tree, and when they sit or rest upon it, fall instantly dead. The surrounding soil, within several yards, is entirely sterile. Persons wounded with a poisoned arrow experience at once a burning heat, followed by convulsions, and die in less than fifteen minutes. After death the skin becomes full of livid spots, the face blue and inflamed, and the sclerotic yellow.

Foerset, of Holland, also describes the violent action of the *upas juice* in the following manner: "When I was in Soura-Charta I witnessed the execution of thirteen women. At 11 A.M. they were taken to a public square opposite to the palace, and after the sentence was read and the Koran presented for them to swear that the doom was just, they were tied to thirteen poles, previously raised,

and remained in that position, uniting their prayers with those of the bystanders, until, at a sign of the judge, the executioner pierced the chest of each victim with a lancet saturated with the mortiferous juice. Instantly they were seized with trembling, followed by convulsions, and six minutes after, all were dead. I noticed many livid spots on the skin, the face swollen and purple, and the eyes yellow."

"I also saw in Samarang the execution of seven Malays in the same manner and with identical results."

In Java grows the *Dita* (*Alstonia scholaris*). Its alkaloid *Ditaina* is a poison, which has been recommended as a febrifuge and vermicide.

Dr. Van Leent, of Holland, informs us that the natives of the Riouw-Lingga Archipelago possess many emmenagogues, often used as abortives. The principal ones are: The root of *Temoelarrak*, the infusion of *Akar tiemaka* (*Pardanthus chinensis*), and the decoction of *Boewa leng-keng* (*Nephelium longanum*).

To excite an abundant transpiration they take an infusion of *selasé* (Ocimum gratissimum).

As a diuretic they take an infusion of *Daunmanirang* (*Phyllanthus urinarius*), which they also employ in urethritis. For orchitis they apply a moist powder derived, according to Meiger, from roots of the following four plants: *Rhizophora cascolari*, *Curcelego recorvata*, *Canna sp.*, and *Phalaris zizanoides*. He affirms to having seen orchitis cured in four or five days by means of this powder.

In the residence of Palembang the crushed leaves of the *Aroy kirippat*, an energetic astringent, are employed as a hæmostatic. The same use is made of the *filamentous wool* which covers the top of the trunk of the *Pakoekiolaug*; likewise of the *filamentous matter* which covers the bark of the *Penghawar diambi* (*Polypodium C. Cybotium*, Boromez, L.) with a fine, hairy, silk-like coat. This powerful hæmostatic, without odor or taste, contains tannic acid and a certain resin.

Australia is the home of the giant *Eucalyptus*, of which Hale gives us a fragmentary proving. Dr. Tristan, of Spain, who was the first to study the plant and its products, assigns to them antimalarial properties. The oil (*Eucalyptol*) is said to be a valuable

antiseptic in surgical dressings. It has also been highly praised as a remedy for diseases of the air-passages.

But the flora of this great island of immense deserts, although original, offers little variety. There Sidney Ringer studied *Duboisia*. Its alkaloid, *Duboisia*, is a mydriatic, equal, if not superior, to *Atropia*.

The savages of this country employ the *Pitburg*, also called *Pitcherine* (Müller thinks it is the *Duboisina hopwoodie*), to increase the muscular power and gain courage in combats. Large doses bring about a kind of furious mania.

French physicians are studying and making use of some valuable plants of New Caledonia. Among them is the *Fontainea Pancheri*, thoroughly studied by Heckel, who has extracted from the seeds an oil which, externally as well as internally, is superior to *croton oil*. Two drops will induce purging, followed sometimes by colic, rarely by vomiting. A single friction will suffice to produce on the skin a pustular eruption, at the end of five or six hours, while, to obtain an equal result with the *oil of tiglium*, we have to give two or three frictions, and wait from fifteen to twenty-four hours. In one word, the *oil of fontainea* is a less violent, more manageable and efficacious rubefacient.

Heckel has also made experiments with the *oil of tamanu* (*Calophyllum inophyllum*), and the results led to its employment, in the shape of a cerate, against inveterate, malignant, and phagedenic ulcers.

The *Viaoule* (*Melaleuca viridiflora*), a plant very common in New Caledonia, and which differs little from the *Melaleuca*, from which the celebrated *oil of cajeput* is obtained in the Moluccas, gives an essence of agreeable odor. This essence, which could be obtained at a much cheaper price than the oil of cajeput, has been recommended by Bavay as a good revulsive.

The small cells of the pericarpium of the *Anacardium nut* contain a caustic oil, which has been applied successfully to warts, exuberant granulations, etc., to eat them down; and the whitish milk which runs from incisions made in the shell, is also a catheretic juice, which, brought in contact with the skin, produces a miliary eruption, followed by painful ulceration. Bavay thinks that this juice, when fresh, could also be employed as a revulsive.

The oil extracted from the *Gemecarpus anacardium occidentale* plant, related to the foregoing, has been, for a long time, used by Brassac in tubercular lepra.

Tahiti possesses also a rich medical flora. The purgatives most in use there, are the bark of the *Oovao* and the *Urostigma prolixum*. The *Wickstræinia Forsteri* is an emetic, purgative, and antiblennorrhagic, and it is said to be even an antisyphilitic.

The bark of *Casuarina* has been employed, not only in Tahiti, but in Pondichéry, as an astringent and tonic.

About the plants of the numerous islands of Polynesia we know very little. I can only mention one, namely, the *Kava* (*Piper methysticum*), of which Allen gives us an extensive pathogenesis. It is a sacred plant, much venerated by the Polynesians, who take it habitually in the shape of a drink made by chewing it, on account of its exhilarating effects. The preparation, as well as the ingestion of the liquid, are attended by great ceremonies, and only male adults have the precious privilege of partaking of it.

The excitation it produces upon the nervous centres is very peculiar, and differs essentially from the ethylic inebriation. Dupouy calls it *kavaic excitation*.

Another important use of *kava* is illustrated in the following narrative: "On the 29th of June, 1874, the despatch boat Hermit was lost in front of the Islands of Wallis. Mr. Dupouy, the physician of the boat, found himself on a small island, called Nukuatea, deprived of his pharmacy, which the sea had washed away, and, with many of his men, suffering with urethritis contracted in Tahiti. The queen of this hospitable island sent him the *kava*, and from the start the curative effects were marvellous." "In fact," says Féris, of Brest, "it has, above other blennostatic agents, the following advantages: It does not produce diarrhœa or constipation; it is pleasant to take; it increases the appetite; and, finally, it brings about a cure, either of acute or chronic cases, with extraordinary rapidity. The anti-catarrhal action seems to be due to a resinous substance, and the diuretic to the *kavama*, a neutral crystalloid discovered by Cuzent."

I have just read in the *Scientific American* (September 19th, 1885), an account of a plant belonging to the Apocynaceæ, called "*Strophanthus hispidus*," introduced by Professor Fraser to the

Pharmacological and Therapeutical Association at Cardiff, England, which yields an active principle of intense activity, named *Strophanthin* by the above professor, and said to be extensively used in many parts of Africa as an arrow poison (under the name of "*kombe*" in the Mangauga district, and "*inee*" in Senegambia and Guinea). It was given out as a new and valuable heart remedy and diuretic, and, in physiological action, allied to *Digitalin* and other members of the Digitalis group. It was also reported to have been used, both experimentally on animals, and clinically in the wards at the infirmary at Edinburgh. The hypodermic dose used is from $\frac{1}{120}$ to $\frac{1}{60}$ of a grain.

By the review I have made of these different drugs, it will be easily seen what an amount of material we have at our disposal and the possibility of increasing our therapeutic resources.

I only hope my work will never serve to lead any one to empiricism. Only after proving a drug thoroughly is it that we can apply it successfully to the cure of the sick.

REPORT OF THE BUREAU OF SANITARY SCIENCE

Was presented by Dr. J. B. Wood, of West Chester. It embraced the following papers:

Infantile Hygiene, by E. C. Parsons, M.D.

House Sanitation, by J. B. Wood, M.D.

Milk as a Vehicle of Disease, by H. J. Evans, M.D.

The Cesspool as an Originator of Zymotic Disease, by Pemberton Dudley, M.D.

Meteorological Influences upon Diseases and Symptoms, by B. W. James, M.D.

INFANTILE HYGIENE.

BY E. C. PARSONS, M.D., MEADVILLE, PA.

The proper care of the very young is a subject but little understood by the masses, too little studied by many in the profession, and much less practiced by the average nurse.

We come to realize the importance of the subject when we consider that many of the diseases common to infants are due to the neglect of such rules as should govern those who have the care of these little ones during the first months of their new life.

Mothers, burdened with household cares, have not the time to study voluminous works upon the hygienic management of children, and nurses who may be favored with sufficient time do not, as a rule, possess the disposition to do so; hence the duty becomes imperative upon physicians to give such verbal instruction as each case may require, in order to secure the best possible results. In order to do this, much time must be given to the study of the subject, as well as to the cultivation of patience, the Christian grace, perhaps in none other so prevalent as in the medical profession. Indeed, it will require "line upon line, and precept upon precept," but we can be assured that the results will fully warrant the endeavor.

The practice of severing the umbilical cord immediately after delivery is entirely too prevalent. If the cord is pulsating, it is well to postpone its division for at least ten or fifteen minutes, which will give time for the circulation to be fully established and tend to supplement, in part, artificial nutrition during the period that is to elapse before the establishment of the mother's milk.

As soon as the child is received by the nurse it should be taken to a room, the temperature of which should not be below 80° Fahrenheit, where it should be rubbed with vaseline, lard or olive oil, and then carefully washed with warm, soft water, to which some fine toilet soap has been added.

Great care should be observed in bathing a new-born babe, in order to secure perfect cleanliness and at the same time avoid long exposure of the body.

The ordeal is quite a severe one, and unless properly conducted may prove an exciting cause of catarrhal or other inflammatory troubles, which may occasion no little annoyance and suffering, if not more serious results. The navel should be dressed with either a compress of fine soft linen, or with absorbent cotton, upon either of which vaseline or oil should be used to prevent chafing.

The compress should then be secured by a band, three inches

wide, firmly but not too closely applied, and this dressing attended to daily as long as required.

The clothing, previously prepared, aired, and warmed, should consist of a fine, soft flannel chemise, a long flannel skirt or pinning blanket, and then a skirt of linen or cotton.

The skirts should be suspended from the shoulders and fastened upon the back with safety pins carefully adjusted. A long loose robe should then be applied, which should be covered about the chest and arms by a loose-fitting woollen sack or jacket. After applying the proper napkin, the child should be placed upon its right side in bed near the mother, where it will soon become warm and recover from the blue appearance of the skin which they always present after passing through this initiative in practical hygiene.

As soon as the condition of the mother will permit, the child should be induced to nurse, as the first milk or colostrum acts as a laxative, and prevents the retention of the meconium. This excretion should be passed by the infant during the first twenty-four hours, and if longer delayed, the removal should be effected by medicinal or by artificial means.

The nurse should apprise the attending physician, at once, of any departure from the normal in any of the excretions, or secretions, so far as she may observe, in order that he may administer the proper similimum as early as possible.

It is conceded by all, that the best nutriment for a new-born child is the milk of its mother, yet, how many "*would-be-wise*" nurses commence to feed these little ones cow's milk, stimulants, and all sorts of teas, and decoctions, before allowing them to taste the food that nature has provided.

Indiscretions of this kind may and frequently do result in the various forms of indigestion, causing great discomfort to the child, retarding its early development, or resulting, possibly, in its early death from inanition.

It is indeed a cruel mother who will deprive her offspring of the food so essential to its early growth, unless her own condition or that of her child renders such a course absolutely imperative.

Some of the conditions which may render artificial food necessary, are deficiency in the quantity of the breast milk, the bad

quality of the same, which may be recognized by its blue appearance, any disease of the mammæ, strumous habit or syphilitic taint of the mother, or any malformation of the child's mouth which would interfere with the act of nursing.

In view of the fact that healthy mother's milk contains examples of the three proximate principles essential to physical development, viz.: *Inorganic, non-nitrogenous and albuminoid substances*, in such form and combination as to be most easily digested and assimilated, the substitution of any artificial food (all of which must be inferior to nature's preparation), unless it becomes a necessity, should be regarded as not only unwise, but inhuman treatment on the part of those who may be responsible.

Until the secretion of milk is established the child will usually need but little if any food. If it should manifest symptoms of hunger, it may be satisfied by feeding it a very little toast-coffee sweetened with sugar of milk. Very little of this will be sufficient to satisfy it, and anything like stuffing or over-feeding should be carefully avoided. Cow's milk, teas, and other questionable articles should be prohibited, as they only tend to disturb rather than to promote the natural inclination to rest and sleep.

The nursing, so far as the condition, habits, and occupation of the mother will permit, should be systematic; at first, every two hours, and when the child is four months old, and in a healthy condition, every three hours will be sufficient. A mother suffering from the shock of great nervous excitement, a fit of passion, or an overheated condition of the blood, should not allow her babe to nurse at such times, nor immediately thereafter; but make use of the breast pump, until the effects of such influences have subsided. The habit of permitting the child to nurse every time it cries is a pernicious one, as it overtaxes the stomach, prevents the rest needful to healthy assimilation, and is therefore a fruitful source of indigestion and imperfect nutrition.

To observe these suggestions to the letter, in every instance, will not be practicable nor expedient, as there are exceptional cases which seem to require a course somewhat at variance with established rules; but whenever possible to observe them, they will contribute to the comfort and health of the child.

As before stated, the best food for a very young child is the

milk of its own mother; and should it be deprived of this, nothing can *fully* supplement it nor compensate the loss sustained. There are frequently cases, however, where it becomes an absolute necessity to supply artificial food. If possible to obtain a good wet nurse, the opportunity should not be neglected; but it is so seldom that such nurses can be found, that time will not here be consumed in the consideration of their proper qualifications.

When we consider that the food of children not only repairs the waste that is constantly going on, but that it is their means of growth and development as well, we must appreciate the necessity of supplying a nutritious and easily digested diet.

There is, perhaps, no other artificial food so well adapted to infant feeding, and so universally acceptable as cow's milk.

None but a healthy cow, the calf of which very nearly corresponds in age to that of the child, should be selected. In making the choice, a young cow should be preferred, as also the common or half-breed, rather than a thorough-bred Holstein or Jersey, as the former gives milk containing too much casein, and the latter too much fat.

The animal should be of a quiet disposition, never excited or over-heated, fed upon a mash of fresh moistened grain, clean hay or grass, and allowed to drink nothing but pure water. The milk should remain in a cool place for an hour or two, and then the upper half only used in the preparation of the food. This at first should be diluted with about an equal part of warm water, and sweetened with sugar of milk. This preparation, chemically considered, so nearly resembles mothers' milk, that it will usually prove an excellent substitute. As the child becomes older, less water should be used, and, still later, well-cooked Graham flour or oatmeal may be added.

The numerous preparations of infant food in the market should not be overlooked, as many of them are excellent, and when suited to the case seem to fill every requirement of infant nutrition.

Some of the more choice of these preparations are: "The Lactated Food, the Imperial Granum and Ridge's, Mellin's, and Horlick's Food for Infants." Of the several preparations mentioned, the Lactated Food seems to be of rather superior merit, notably, because of the natural form of its saccharine portion. It is, per-

haps, as free from starch or unchanged gluten as any farinaceous food, and, therefore, contains a large amount of the nutritive elements required, besides the sugar of milk is used as a basis in such proportions as to cause the prepared food to have the characteristic saccharine taste of mother's milk, without the use of any cane-sugar in its preparation.

In making choice of the other foods named, the Imperial Granum or Ridge's Food will, usually, be found best adapted to such cases as are inclined to diarrhœa, and Mellin's or Horlick's Food, preferably Mellin's, to such as are of a constipated habit.

Whenever it may be necessary or advisable to use condensed milk, either alone or in the preparation of any of the foods mentioned, the Osprey brand of "Condensed Young Milk" should be selected.

The characteristics of each case should be carefully considered, whether there is an acid or an alkaline tendency, whether the digestion is healthy or depraved, and whether there is a perfect or an imperfect assimilation of food, so that the selection may be made in accordance with the habit, the digestive function, and the needs of the system. Usually, by the time the child is one year old, it can be permitted, gradually, to indulge in a mixed diet.

It is highly important that the very young should never be permitted to breathe air that is mixed with noxious or foul gases of any kind, as their organs are too delicate to be unaffected by such deleterious influences.

The rooms they occupy should be well ventilated, and kept free from flies and other insects, obviating the necessity of a close covering with musquito-bars, so annoying during the heat of midsummer. It too frequently occurs that the infant, in an ill-ventilated apartment, is allowed to remain near the floor, where it constantly inhales the most impure air of the room, and exists in an atmosphere several degrees colder than that found only a few feet above it. Is it any wonder that the mother is led to inquire why the child is so annoyed with snuffles, or why it is such a constant sufferer from catarrh?

The bathing is an important factor in infantile hygiene, as a healthy condition of the skin is highly essential to the preservation of a uniform temperature of the body. Whenever the heat of the

body rises above or falls below its normal standard, the temperature may be equalized by the action of the skin, which, if kept in a healthy condition, will be proportionately increased or diminished, thus serving as a regulator of the animal heat. At first, tepid or warm rain-water should be used, and, as the child becomes older, the temperature may be diminished to 75° or 80° Fahrenheit.

The room should be free from currents of air, and should range in temperature from 75° to 85° Fahrenheit. Only such portions of the child's body as are being bathed should be exposed at one time, each portion being covered, after drying, until the process is completed. During the first month the child may be bathed daily, and afterward three times a week will be sufficient. Only the finest soap should be used, as strong potash soap may so completely remove the oil from the cuticle as to cause the skin to become dry and unhealthy from the action of the air upon its unprotected surface.

The clothing of young children should be regulated in keeping with the age of the child, the season, and the temperature of the climate.

In view of the facts, that sleep lowers the temperature of the body, and that the system is more depressed between midnight and sunrise, more clothing is needed during the latter part of the night than at any other time during the twenty-four hours. The power of generating animal heat is less in the young than in those of mature years; hence, their clothing should be principally flannel at all seasons of the year, as it is a poor conductor, and furnishes the best protection from colds and the various forms of catarrh, induced by frequent and sudden changes in temperature so common in this latitude, even in midsummer.

The flannel worn during the warmest days should be of a finer texture than that selected for winter wear, and should it irritate the skin it may be lined with fine muslin or linen. The underclothing should be frequently changed, and all clothing worn during the day should be removed at night and replaced by that similar in quality.

The feet should be kept warm and well protected, but too much muffling about the head and neck is of no advantage, and often proves injurious.

The clothing will require much attention on the part of the mother or the nurse, ever remembering that these young and delicate frames are very sensitive, and easily affected by exposure. Strong children may bear up under the hardening process that inattentive mothers or the force of circumstances compel them to undergo; but the weak and delicate cannot endure it, and will become early victims to disease and death.

The comfort, health, and development of the child should never be sacrificed to meet the demands of *style*, or the silly whims of fashion.

Whenever the weather is mild and pleasant the child should be kept much in the open air, as the beneficial effects of sunlight, and the breathing of pure air, will be realized in an increased appetite, in an improved digestion, and in the increased vigor of the whole system.

By a more careful observance of the principles of which this paper is only suggestive, it is fair to conclude that infant fatality might be greatly lessened, and the youth become more universally strong and vigorous.

HOUSE SANITATION.

BY J. B. WOOD, M.D., WEST CHESTER.

In the selection of a site for a dwelling-house let us have a dry soil and a high airy situation.

If the soil be not dry, make it so, if possible, by drainage. A house should not be placed where water can be obtained within ten or twelve feet of the surface, nor adjacent to places where water may collect and become stagnant.

According to Dr. Chaumont, a scientific investigator, the following should be observed in the selection of a site for a house: "*That a persistently low ground water, say fifteen feet or more down, is healthy; that a persistently high ground water, less than five feet from the surface, is unhealthy; and that a fluctuating level, especially if the changes are sudden and violent, is very unhealthy.*"

If, then, your house is constructed on a place where the ground water is high, the inmates are doomed to bad health and short life,

unless provided for by efficient, thorough, expensive drainage, which will ultimately be compensated for by agricultural, as well as sanitary, advantages. Let us premise, what it is hardly necessary to state, that a damp habitation, however made so, will always be prolific in such dread diseases as consumption, rheumatism, neuralgia, diphtheria, scarlet fever, to say nothing of other diseases incidentally occurring. A dry soil, however procured, and the free admission of air and light, are essential to health and happiness.

Let me here quote the following illustrative examples of what I desire to explain: "Two brothers, of strong vigorous constitution, and giving promise of a long and vigorous life, married wives (sisters) corresponding in promise of future activity. They both had chosen the healthiest of all callings—farming. One of them had built his home in an open and sunny spot, where the soil and sub-soil were dry. Shade trees and embowering plants had a hard time of it, but the cellar was dry enough for a powder magazine; the house, in all its parts, was free from dampness and mould; there was a crisp and elastic feel in the air of the dwelling. This farmer and all his family had that vigorous elasticity, that reminds one of the spring and strength of steel. Health and vigor is the rule, and sickness the rare exception. This farmer and his wife, though past threescore, have yet the vigor and appearance of middle life.

"The other brother built his house in a beautiful nook, where the trees seemed to stretch their protecting arms in benediction over the modest home. Springs fed by the neighboring hills burst forth past his house, and others by his barns; his yard was always green in the driest time, for the life blood of the hills seemed to burst out all about him in springs and tiny rivulets. But his high ground was always wet, the cellar never dry; the walls of the rooms often had a clammy feel, the clothes mildewed in the closets, and the bread moulded in the pantry.

"For a time their native vigor enabled them to bear up against these depressing influences; children were born of apparent health and promise, but they, one by one, sank into the arms of the dreamless twin brother of sleep, under the touch of diphtheria, croup, and pneumonia. The mother went into a decline and died of consumption before her fiftieth year, and the father, tortured and

crippled by rheumatism, childless and solitary in that beautiful home, which chants the praise of every passer-by, waits and hopes for the dawning of that day which shall give him back wife and children, an unbroken family, and an eternal home."

This is but one of many such instances, and one of hygienic philosophy of great significance.

Physiologists of the present day attribute consumption to a low organism, the baccillus tuberculosis. If this be the case, and a cause, how infinitely multiplied must be its destructive tendency by vitiated air and water, and the other causes mentioned, combined. A just inference from what has been before stated is, that your dwelling-house should not be overshadowed by many trees. Have a few shade or fruit trees, but do not obstruct, by them, the air or light from your habitation, which is so essential to health.

It is true that shade trees may obstruct malaria if planted between a pond generating the same and a dwelling, but do not let them be so near as to shade it.

Your dwelling should have a dry cellar, clean and well aired, with good foundation-walls, and so built as to be impervious to ground dampness; and, so to speak, ground air, no matter about the cost, it will prove cheapest in the end, by banishing doctor bills, and the expense attendant upon sickness from the house. No decaying matter should ever be allowed therein, because of the danger of permeating every part of the house and engendering disease. There is no physician present that cannot recall, in his own practice, when diphtheria, scarlet fever, typhoid fever, have prevailed in families from neglect of this important precaution.

The best cellar will be found to be one, one-half below and the other half above the ground, so as to have free ventilation by windows placed upon either side. A ventilating flue from the cellar should never be forgotten. The living rooms of your house should be of good size, and all should be ventilated from near the floor. A proper provision should also be made for the admission of fresh air, either by the indirect method of between the upper and lower sash of the windows, by placing a strip of board two or three inches under the bottom sash of each; or it may be supplied by a flue running from each room to the top of the house. To insure health, sleeping apartments should be so large that each

occupant should enjoy at least 1000 cubic feet of air, and that air continually undergoing change from the air without the house by a well-constructed draft. The best ventilator, and one which can never be improved upon, is the old-fashioned fire-place, now unfortunately nearly a relic of the past.

In regard to heating, the greatest care should be exercised. Without draft from the apartments to be heated, it will be found impossible to introduce heat; the amount of air displaced, and the amount of heated air required, must correspond if a furnace be used in the generation of heat. The air should be obtained from a source entirely free from noxious vapors; in other words, it should be pure. In the near future, steam will be found to be the best of all methods of house heating, the great obstacle in the way at present is the greater cost.

So many treatises have been written on methods of heating, that I prefer to leave that portion of house sanitation to architects and house builders; as that matter has been thoroughly studied by many of them.

The drains from habitations should be well constructed, and the place of exit beyond the limits of danger from accumulations at the outlet. Experience with kitchen drains leads me to the conclusion, that when practicable they had better be kept on the surface and treated as surface water, as all drains with which I am acquainted become clogged, if not with débris thrown into them by careless kitchen girls, the fat common to cooking water, which is thrown into the drain, accumulates and fills it up at the point where the drain cools the liquid, and the fat remains at that point, and it may be that its removal will be required at least once a year. The fat which gathers at such places is of the most offensive character, at least such has been my experience. I now get rid of such accumulations by an open brick gutter. I can recall several instances where such drains caused a number of cases of typhoid fever, which vanished when the offensive drains were removed.

The privy contiguous to your dwelling should be frequently disinfected, and should be cleaned every year. Long-continued deposits of this kind are a source of great mischief, and their power for harm is increased if allowed to remain from year to year.

Great care should be taken to have pure water, I do not mean

chemically pure, but good wholesome water. If from a spring, be sure that it is not contaminated by the surroundings, or, if from a well, the same precaution is to be observed. Either may be surrounded by such causes or condition of surface as to render this necessary article in household economy unfit for use, and deleterious to health.

Heisch's test for contamination is highly recommended, and is as follows: "Fill a clean pint bottle three-fourths full of the water to be tested, and dissolve in the water a teaspoonful of the purest sugar, loaf or granulated will answer; cork the bottle and put it in a warm place for two days. If in twenty-four to forty-eight hours the water becomes cloudy or muddy it is unfit for domestic use. If it remains perfectly clear it is probably safe to use."

But few persons have as yet taken into consideration the deleterious effect of the present system of lighting our dwellings, and its effects upon the health of the occupants.

I believe it is an established fact that a gas-jet burner, or a coal-oil lamp, will vitiate the air of a room as much as half a dozen persons; and in either case no proper provision is made for a continued change of the air so necessary for the preservation of life. The oxygen of the air, therein contained, is consumed, and the result is ascertained by a dull, drowsy, stupid audience.

It, therefore, stands to reason that rooms lighted in this manner should be one of the objects that the house sanitarian should seek to avoid, and this can be accomplished by the introduction of the system of the Edison Incandescent Electric Light.

I have thus thrown together a few observations of myself and others on the subject, which I trust will induce others to still further investigate and report upon one of the most important problems of the age.

MILK AS A VEHICLE OF DISEASE.

BY H. J. EVANS, M.D., ALTOONA.

Is it not reasonable to suppose that the epidemics, which are so frequent throughout our land, may be traced, partially, to the use of infected milk?

As milk is a rich organic fluid retaining, by its chemical affinity, the various compounds which enter into the construction of animal life, containing the albuminates, fats, salts, and water, we can readily perceive how this important article of diet can be an absorbent for the destructive germs, that count for their victims hundreds of our fellow beings.

According to Pereira and Lehmann, cows' milk contains about 87 per cent. of its volume of water, a fluid which, above all other natural bodies, has the greatest solvent property; which has been distressingly proven in the Plymouth epidemic, where hundreds of lives have been sacrified to its deadly infectious power, and since this powerful solvent enters so extensively into the formation of milk, the latter fluid also partakes of this absorbing property.

A few years ago this absorbing power of milk was put to a test by Dr. Dougal of Glasgow, Scotland. He placed into an inclosed jar certain substances throwing off emanations, together with a uniform quantity of milk, allowing it to remain eight hours, and the following were the results:

1. Coal-gas,	smell in	milk,	distinct.
2. Paraffin oil,	"	"	very strong.
3. Turpentine,	"	"	"
4. Onions,	"	"	"
5. Tobacco smoke,	"	"	"
6. Ammonia,	"	"	moderate.
7. Musk,	"	"	faint.
8. Asafœtida,	"	"	distinct.
9. Stale urine,	"	"	faint.
10. Kreosote,	"	"	strong.
11. Cheese (stale),	"	"	distinct.
12. Chloroform,	"	"	moderate.
13. Putrid fish,	"	"	very bad.
14. Camphor,	"	"	moderate.
15. Decayed cabbage,	"	"	distinct.

In several other instances the sense of smell was not alone relied upon; for sulphuretted hydrogen indicated its presence by a black precipitate, with sulphate of iron and ammonia.

All the specimens examined retained their distinctive odors for fourteen hours.

This infectious function of milk is constantly confirmed every summer by physicians who are called to treat summer complaints of children who are fed on cows' milk; those little infants are reared on milk tainted with many of the above substances, especially if the cows are fed on the offal of the town, as is often the case in our larger towns. The fields of pasture of many of these bovines are alleys, ash banks, etc., where all the offal of the kitchen is deposited, to become rancid under the scorching heat of the sun; milk from such sources is given to the helpless little children, and nine out every ten will have diarrhœa or vomiting when fed on such milk.

Cows fed in the country are not entirely exempt from danger, but the milk from the latter is not so liable to become contaminated; as the pasture fields can be inspected and poisonous weeds can be removed, such as Rhus tox., garlic, and other weeds which render milk very poisonous. The drinking of stagnant water, and the feeding of a cow on malt from breweries, are very injurious to the milk, for the malt allows the milk to become more putrefactious in very warm weather.

Milk is very readily contaminated by foul water. A few years ago a friend of mine took breakfast at a farm-house; the coffee had a peculiar taste, which made all who drank it sick; after a careful examination into the cause of the trouble, it was discovered that the milk was infected by water from washing the cans from a well into which had drained the water from a barnyard some fifty yards off.

Much care is necessary in preserving milk; it should not be left in a sick room for any time, only while the patient is drinking it; for there is no doubt of the fact, that scarlet fever, typhoid fever, and other grave maladies, have been communicated by milk infected with the germs of these diseases.

The epidemic of typhoid fever, which occurred in Pittsburgh a few years ago, is largely credited to milk watered from some foul wells.

Since milk has the property of absorbing any volatile matter

from the atmosphere, it is fair to presume that it may be the means of transmitting almost any infectious disease.

Maltreated or diseased cows will produce infected milk, especially inflamed or ulcerated udders of a cow will render milk unfit to use; cows beaten or over-driven have secreted poisonous milk, and, in many cases, such milk has produced attacks of cholera morbus in persons using the same.

Milk sickness, prevalent in the West some time ago, was supposed to be due to cows fed on Rhus toxicodendron.

Eupatorium ageratoides, eaten by cows, has passed off with the milk, even when the cows have not seemed sick, but persons drinking the milk have sickened, and some died.

All milk should be boiled, where there is any suspicion, before using it.

Some authorities go further, and state that milk was intended by nature to pass directly from the milk gland into the stomach of the young; and that it is liable to many risks before entering the stomach, hence should always be boiled before using it.

Dr. Dougal says cream contains less water than milk, yet it has special qualities of retaining poisonous emanations. For in our own city one of our dealers procured a quantity of ice-cream from a manufacturer in one of the southern counties of the State; all who ate the article complained of its making them sick.

The manufacturer had received many such complaints, and notified the dealer that the cows had eaten garlic in the fields. June, 1875, an outbreak of scarlet fever occurred in South Kensington, England, eighteen persons suffered, and it was discovered that one of the dairy staff who furnished cream to make the ice-cream had scarlet fever in his family.

THE CESSPOOL AS AN ORIGINATOR OF ZYMOTIC DISEASE.

BY PEMBERTON DUDLEY, M.D., PHILADELPHIA.

This paper is written, not to fill a place in the Sanitary Bureau Report, but because so large a proportion of physicians either too lightly estimate, or else entirely overlook, the importance of the

subject of which it treats. We of the present day are so pre-occupied with the study of "germs," as the causes of zymotic diseases, that we almost forget to ask ourselves whether these minute organisms are merely the transmitters of infection, or whether they are also its originators. Too many of us, indeed, seem to think that because of the supposed fact that the vast majority of cases of infective disease arise through the agency of these living germs, it is wellnigh useless to pay serious attention to any other possible causes.

The proposition that all cases of any one infective or contagious disease—no matter what one—have their origin in pre-existing cases of the same disease, is both undemonstrable and irrational. In the first place, there are too many cases occurring which it is utterly impossible to connect with a previous case, either directly or indirectly. In the second place, we must admit that each one of these types of disease must either have constituted a part of the physical endowment of the primogenitors of our species, or else that they had a subsequent miraculous origin, or else that they arose at some point in the lifetime of our race, amid natural, though doubtless unhealthful surroundings, and under the operation of natural laws and forces. This latter supposition is the only one that can be accepted by either the Christian or the scientist. And if such a result has occurred once, a similar concurrence of materials and conditions and forces can bring it about again.

The writer does not, by any means, hold that all, or even most, of those cases which *seem* to arise without the agency of a previously existing case, do so in reality. In the great majority of such instances, we are simply unable to detect the means and mode of transmission. This, however, is chiefly true, as it relates to the spread and progress of epidemic visitations, and not as regards sporadic or endemic diseases. Indeed I am almost entirely convinced that many local, and even some widespread, epidemics have arisen from a single case which had *its* origin *de novo*, and without the aid or influence of any other case of disease. Among these, I have no hesitation in mentioning typhus, typhoid, scarlet, and spotted fevers, diphtheria, measles, and others. Of yellow fever, Asiatic cholera, small-pox, syphilis, etc., we must speak with more

caution, simply because we have fewer opportunities of observing the modes in which their prevalence makes its beginnings.

As a cause of serious and fatal maladies, the accumulation of human excrement in or near human habitations, has had a bad name for centuries past. Among those who give special study to the causes of disease, and the essential prerequisite conditions of health, there is but one opinion of the cesspool, and that is a bad one. Disreputable as a defective sewer may become, it can scarcely be held in greater abhorrence by the layman, than is the *average* cesspool by the accomplished sanitarian. Not only are these accumulations chargeable with much of the awful mortality of the Middle Age epidemics, but they are directly responsible for much of the loss of life in those of the present century; yea, and of the present year.

In order to bring this subject forcibly to the attention of our physicians, with a view first to discussion and then to action, permit me to mention a few facts from recent journals, and from my own recent observations.

Dr. Charles J. Renshaw, in the *British Medical Journal*, of January 3d, 1885, after examining the Report on Diphtheria, by the Collective Investigation Committee of the British Medical Association, finds that less than one-tenth of the cases reported are supposed to arise from sewers or bad drainage. He further says: "I find it equally in old and in new houses; houses well drained and otherwise, in houses which have no connection with drains, and in localities where there are no drains at all. It is evidently not a sewer disease *per se*, though it is, no doubt, possible for it to be carried by drains. . . . . In the great epidemics of France (1818 and 1855) and Scotland, it is on record that the places were in an unsanitary state; all sorts of material, animal and vegetable, mixed and unmixed, being left about to decay and taint the air."

"On October 1st a heap of vegetable matter was mixed with animal matter, by two men. Both heaps had been on the ground for some months. Neither of the men were taken ill. March 1st this mixture was distributed over a field, and the man and boy who did the work were both attacked with diphtheria, one on the 3d, the other on the 7th. A similar heap of mixed animal and vegetable matter was spread on a field adjoining a house. The two

men who did the work, and five children in the house, were all ill with diphtheria within fourteen days. A heap of manure close to a house was mixed with some vegetable refuse, and suffered to remain for three months undisturbed. No one fell ill. It was then spread upon the garden, and four children in the house were seized with diphtheria. Two children were playing on a heap of animal and vegetable manure just opened; within six days both fell ill with the same malady. A mixture of blood with vegetable matter was spread upon a rose-bed. Four days afterward a little child, who had watched the process, was seized with diphtheria; there was no other case in the neighborhood, and the child had not been beyond the bounds of its own garden." Dr. Renshaw thinks these cases point, not to decaying vegetation, nor to putrefying animal matter alone, but to a ferment developed in the decomposition of a mixture of both these substances, as the real cause of the malady. If his statement is at all complete, the transmission of the virus, from other persons previously affected, is not to be thought of.

Case I.—A little son of J. R. T., aged five years, had been prescribed for (without being seen), by a physician of the neighborhood, for a period of two weeks, for "malarial fever." According to the mother's statement, this fever must have been of a very mild type, and was not regarded by her as at all serious. During this treatment, I was sent for on August 12th, 1885, because, as the messenger said, "the little boy has been sick at his stomach this morning, and doesn't seem to know what he is about, and we thought we would like to have our old doctor for him." I reached the house at 11 A.M., found the cervical glands and muscles extensively swollen, "doughy," and sensitive to touch, a slaty-colored exudation covering the fauces and soft palate, and the usual odor of diphtheria pervading the apartment. The swelling and fetor had appeared rapidly, neither being perceptible when the mother left home, three hours earlier, to summon me. Six hours later the little fellow was dead. There were no sewer connections in the house. A cesspool stood about ten feet from the kitchen door. It was neither drained nor ventilated. Its foul exhalations escaped through the door, pervaded the yard, in which the child spent much of his time in play, and were plainly perceptible in the living

rooms, whenever the doors or windows were open. This family knew of no case of the disease among their friends or acquaintances, nor in the neighborhood, and the child had not been away from home.

CASE II.—August 31st, 1885, Alice S., aged eight years, just returned from her vacation spent at a Chester County farmhouse. A few other boarders were in the same country house, which was large, airy, and, in all respects, well-kept and cleanly. Little Alice was ill upon her arrival at her own home on Green Street, Philadelphia. Her disease proved to be diphtheria of a mild type. Inquiry revealed that there was no case of the malady in the neighborhood, and none of the other boarders had been heard to speak of the disease amongst their acquaintances and friends. The cesspit was located at quite a distance from the house. The smell was very foul, and "pervaded the atmosphere all around it." During several of the later days of her stay at the farmhouse, little Alice had been much of her time engaged in playing croquet close to the offensive locality.

CASE III.—Howard N., aged seventeen, was attacked about September 10th, 1885, with chilliness, fever, thirst, headache, slight cough, followed shortly by nose-bleed, watery diarrhœa, and slight intestinal pains. I was called September 15th. I found his symptoms much as above described, with a "Baptisia expression," but no delirium, tongue dry, brown in centre, and yellowish along the edges. The pulse was 108, temperature 103.8°. I at first feared typhoid fever, but the symptoms rapidly yielded, the fever took on a remittent character, the diarrhœa was controlled, and the patient is now apparently well advanced toward recovery. There are no sewer connections in the house. Within ten feet of the patient's bedroom window, there are four cess-pools, and within thirty feet there are no less than ten. The foul odors from these are sufficiently evident throughout the house.

CASE IV.—William A. Has been residing at Haddonfield, N. J., and removed to Philadelphia one month ago. Was attacked last Sunday, September 20th, with malarial chills, followed by fever and sweat, with epistaxis and diarrhœa. The case is yielding promptly to treatment, which consists, in part, in keeping him free from the influences of a yard water-closet, whose odors penetrate

a brick wall, and find their way through the kitchen closet or "dresser," which stands against it, into the kitchen and dining-room.

I have now to add one other case, whose results are painfully familiar to every member of this Society.

A large dwelling, situated on one of the broadest avenues of this city, is provided with two house-yards. Perhaps I ought to say that its one yard, running alongside of the house, but not extending in its rear, has been divided into two portions by a one-story kitchen, built directly across it. The front portion of this yard has a front of twelve feet upon a cross-street—the house being a corner house—and a depth of seventeen feet. Back of the one-story kitchen, above mentioned, is the back-yard, fifteen feet long and three feet wide, and at its rear end there is a cesspit, which occupies three feet of the fifteen feet of its length, leaving thirty-six square feet of yard space—just one-fourth of the amount now required by law. The privy is ornamented by a sham ventilator, which rests upon, but does not penetrate, its roof. Backed against this privy is a similar edifice, the property of the next-door neighbor. This also opens upon a three-feet-wide court, running around the corner of the aforesaid neighbor's dwelling. The little back-yard we are describing, is bounded on one end by the one-story kitchen, and on the other end and the two sides by two-story buildings. In fact, it might be regarded as a huge two-story cesspool, without a roof. The corner house has two windows in each of its two stories, and the kitchen has a door opening into this cesspool yard. The exhalations from the privy are exceedingly offensive, as might be supposed, and find their way through the door and windows into the house; indeed there is little other chance of escape for them. The whole arrangement looks as though it might have been planned as a hot-bed of zymotic disease.

In August, 1883, a young blacksmith, boarding in the house, was seized with typhoid fever. He was immediately removed to the Episcopal Hospital, where he subsequently recovered. In May or June, 1884, another boarder, a huckster, was attacked with the same malady, was at once removed to the hospital, and returned safe and well in August. About the time of his return a third boarder, a street-car conductor, also succumbed to typhoid fever,

and, after a course of treatment at the hospital, fully recovered, and returned to his home in September, 1884. Here were three cases in a little more than one year, and their prompt removal to the hospital, and the intervals between the cases, precludes the probability that one patient transmitted the disease to the others. The fourth case, however, was by no means so fortunate.

The gentleman who kept the house had a brother residing in Luzerne County, Pa., who paid him a visit to the house in the latter part of December, 1884, and spent the Christmas holidays there. Shortly after the 1st of January, 1885, he returned home, was immediately seized with typhoid fever, and, for many weeks, lay at the point of death. His dejecta were carried to the rear of the house and thrown upon the snow. On the 26th of March a slight thaw swept these dejecta, which had been accumulating for five or six weeks, into the adjacent stream, and thence into the water-supply pipes of the town below. Thus, fifteen days later, originated the typhoid fever epidemic of Plymouth, whose appalling chronicles of disease, and whose frightful mortality lists, need never have been recorded, but for a defective cesspool in Philadelphia, a hundred and twenty miles away.

There is not much sentimentalism about this matter. The stern fact confronts us all, that an offensive, cumulative privy-vault, near a place of human habitation or resort, is a constant danger to health, and a standing menace against life. And its virulence is largely inherent. It is the creator, as well as the propagator, of morbific agencies. It can bring about a frightful epidemic of infectious disease, in a community walled in against all possibility of outside infection. It should be dealt with always, and instantly, as an enemy insidious, yet of terrific power.

METEOROLOGICAL INFLUENCES UPON DISEASES AND SYMPTOMS.

BY BUSHROD W. JAMES, M.D., PHILADELPHIA, PA.

It is an established fact that climatic influences affect the human system banefully or beneficially. So generally is this known that even the laity are aware that individuals must become acclimated

to a locality before enjoying health therein; and in doing so various symptoms and functional derangements of one or more of the organs occur for weeks or longer after removal from one climate to another.

So in diseased conditions the symptoms may, by a climatic change, be modified or removed altogether simply by local causes of a strictly climatic nature.

Some other animals and some plants are also affected and cannot live out of their native region of growth, or they become sickly and die in a new climate, even if the temperature does not greatly vary.

What really results in a general way in any local *climate* may, in a similar way, be produced on mankind, and even on the lower animals, in any and every special place by atmospheric or meteorological variations, such as increased or decreased temperature, changes of which are constantly occurring in the temperate zone.

The abundance or absence of moisture in the air is also a prolific source for the modification of symptoms. Likewise the electrical conditions; also, the increased or diminished amount of oxygen or ozone in the air.

Then, again, the velocity of the currents of air, the direction from which they blow prevalently, and the kind of surfaces of earth-areas over which they proceed, such as deserts, or water spaces, or mountain ranges, or fertile plateaus, or forests, or cultivated plains.

Then a combination of two or more of these causes works a great many changes in the human system when they occur at the same time.

Every physician is familiar with the fact that old rheumatic cases resulting from the excessive use of mercury are extremely sensitive to these storm-changes in the atmosphere. How quickly such patients can tell you when it is likely to be stormy! They are nearly equalled by the bunion and corn cases. How acutely the sensitive corns, and bunions, and anthritic swellings of chronic rheumatism punish their owners as the approaching belt of storm-currents begins to manifest itself!

In our ordinary storms in this region of country, as the low-barometer area advances from the west or northwest, the winds

blowing from the east produce their special symptoms. One of the generally accepted laws of storms is that the air rushes in from all directions towards this area of low barometer, called a storm. These early winds, usually from the east, produce an entirely different set of symptoms and effects upon humanity, and especially upon invalids, than the winds that are on the opposite side of the storm, and that are blowing from the northwest and west in another part of the country.

The approaching storm-winds bring achings, and dull pains of a rheumatic character, variable as to the parts of the body affected, and also varying according to the temperament of the patient and according to the nature of the disease present.

This current of atmosphere brings a great deal of moisture with it, and is usually cool, and these conditions also affect the symptoms of the sick. Patients, while feeling stronger and having more vim and vigor, suffer more pain.

When the centre of the storm or low barometer is upon us, patients feel more depressed and more free from pain and suffering, but are more prone to debility, and are likely to go into a state of collapse in any of the epidemics, or even in ordinary typhoid attacks; while nervous cases are more depressed in spirits.

Electrical disturbances while in progress almost invariably, at the time, aggravate epidemic diseases, such as Asiatic cholera, yellow fever, diphtheria, scarlatina, measles, and the typhus types of fever, and these aggravations nearly always last about twenty-four hours, more or less, after the electrical storm. Then, when purified or ozonized air is superabundant, the after-effect in these diseases or epidemics, in individual cases, is a diminution of the severity of the symptoms, and in a general way a less mortality temporarily—even during the progress of the epidemic.

An interesting case in point was recently related to me by a patient as his personal experience. He was a gentleman from the North, of about 25 years of age, not acclimated to yellow fever, and was in business in Lima, Peru, some years ago, when a most violent epidemic of yellow fever passed through the city; an epidemic which, out of the 40,000 cases occurring in Peru and surrounding countries, carried off 17,000 persons. It lasted two and a half months. He lived in the city of Lima all the time, and

attended to his mercantile business during the entire period. He detailed the facts in reference to his own feelings during the time; he had headache every day, a dull general aching through the head which increased or decreased as the epidemic was more violent or less severe; days on which the greatest mortality occurred he had the most intense headache, and days when the smallest number of deaths occurred he had a less severe headache, and towards the end of the epidemic when there were very few deaths, his head was quite free from symptoms. To relieve his head he bathed it frequently during the day with "West India Bay Rum," this cooled his head and made it more endurable; he maintained a perspiration as much as possible and had a daily evacuation of the bowels.

He claimed that the atmospheric conditions influenced the cases very much like a barometer, and he felt the same changes in his bodily sensations and feelings. In moist, hot days, or days when there was a change from great heat to sudden cooling, the cases were worse, and more died, and his headaches were worse; in hot dry days he was better and fewer deaths occurred.

Among the opinions of the Homœopathic Yellow Fever Commission of 1878, as to the causes and prevention of yellow fever, they mention the following:

"Some of the factors which seem to be favorable to the excitation of the yellow-fever germs are: Long continuance of very high temperature following heavy rains; long continuance of south and east winds; long continuance of calm weather, unbroken by thunder storms; deficiency of ozone in the atmosphere."

Among others are: "Low swampy ground near the level of a tropical sea; aggregations of human beings, with the excreta of their bodies, in small spaces. A crowded and dirty ship may be a nidus for yellow fever, as well as a crowded and dirty city. Exposure of decaying vegetable and animal matter to a burning sun. Inefficient drainage and the general accumulation of filth, especially the city garbage. Pestilential exhalations from an upturned soil."

"When the yellow fever germ has been waked into activity by these causes it may be transported to places where none of them exist. It seems that a certain concurrence of several of the above factors is necessary to the generation of yellow fever.

"There is probably one combination in one epidemic, and a somewhat different combination in the next epidemic.

"An epidemic may be mild or severe according to the number and force of the concurring causes.

"There may also be other unknown but discoverable factors, which may be necessary at one time to produce an epidemic, and not necessary at another.

"No one of the above suggested causes could excite an epidemic by itself, and it is not probable that they all ever concurred equally to the formation of the disease."

These ascertained data show us that meteorological influences go much further than simply the alteration of symptoms, or the production of new ones, or the removal of symptoms and diseased conditions themselves, and that they lie deep at the root of the development of the epidemics, and are important factors in their virulence and spread.

DISCUSSION.

Dr. J. H. McClelland was particularly interested in Dr. Dudley's paper. He had always felt the cesspool system to be radically wrong. Such aggregations of filth are an offence, and should not be tolerated if any other disposition could be made of them. The very fact that the Plymouth epidemic has been traced to this source should call forth efforts to suppress them. People have no right to imperil their neighbors. Medical societies should take action, and show legislatures that this is a subject for their investigation and action.

Dr. Willard said that he recognized the truth of what the Doctor has said. We want some proposals from the gentlemen as to how to do away with the cesspools.

Dr. McClelland thought a public sentiment should be created; that people will not oppose the reforms proposed. House to house inspection is the only remedy, and action of a Society like this would strengthen the hands of the boards of health.

Dr. Dudley said that although Dr. McClelland and himself had been appointed to the State Board of Health, they were not oracles. The first thing is to create a sentiment. The second is a public fund. This will be hardship to a great many people who cannot

afford it. We do not realize the loss to business men through quarantine regulations. As to suppressing cesspools, it is easier said than done. This was formerly a collection of villages with cesspools far apart, and the crowding got worse and worse until stopped by law. The only way to abate these nuisances is to appoint cesspool inspectors, who shall inspect all cesspools every three months, and all orders for repairs or changes shall come from them.

Dr. J. B. Wood had had some experience on boards of health. A public sentiment of this kind helps them very much. In West Chester dwellings are inspected, and no foul or decaying matter is allowed to remain. But how will we get at those cases where the cesspool contamination permeates the ground for hundreds of yards?

Dr. J. C. Morgan said that it remains to be seen if so-called reforms are really reforms. There is a well-founded opinion that very little is known about this subject. Let a plan be drawn up for these towns. Until it is definitely known what is to be done, public opinion will be called for in vain. Sewer gas seems to cause more disease than the old-fashioned cesspools.

THE REPORT OF THE BUREAU OF OBSTETRICS

Was presented by Dr. Jos. C. Guernsey, Chairman. The report consisted of two papers, as follows:

Dystocia as a Cause of Nervous Exhaustion, by Mary Branson, M.D., Philadelphia.

Cases of Puerperal Eclampsia, by H. H. Hofmann, M.D., Pittsburgh.

DYSTOCIA AS A CAUSE OF NERVOUS EXHAUSTION.

BY MARY BRANSON, M.D., PHILADELPHIA.

To attack any portion of the subject of nervous exhaustion seems an undertaking; yet where is there a more important subject, or one more in need of elucidation? It is most discouraging to the

doctors. The innumerable sufferings from this affection are certainly underrated by many physicians, possibly overestimated by a few. A clearly defined fever, or inflammatory attack, is much more satisfactory to care for, as also troubles which can be promptly relieved by the surgeon's knife, but here are the nervous patients clamoring for aid, and we must help them.

Dr. G. M. Beard defines neurasthenia as a chronic disease of the nervous system or impoverishment of nerve force. "Nervousness," he says, "is really nervelessness." Another author says, "nervousness is considered an aggravation of the fidgets produced by physical shock, or by persistent abuse of the powers of endurance. It is not until the fidgets, this restlessness caused by relaxation of nerve tension, have become confirmed, that any serious regard is given the unhealthful symptom. Then so much damage has usually been done to the constitution that ordinary restoratives are unavailing, and the disorder finally becomes alarming." The remedy suggested in this brief extract is absolute rest for six weeks, or longer if necessary. "Remove the strain, and let Nature rebuild the wasted energies."

Of the symptoms accompanying this trouble it is needless to speak. We are but too familiar with them. No organ escapes, and in degree it varies from a slight neuralgic pain, or nervous twitching, or perhaps debility, to affections of every part of the body, oftentimes so well simulating organic disease as to deceive an expert.

Sudden shock, sudden trouble, or any mental or physical overstrain, is generally given as originating nervous prostration. Among other causes cited are our rapid mode of living, the increased capacity for sorrow showing an increasingly sensitive nervous system, repression of emotions, domestic and financial trouble, politics and religion, extremes of heat and cold, and innumerable other causes not bearing upon the subject of this paper.

Dr. S. Weir Mitchell says: "It is not so much the *wear* as the *tear* that we suffer from. Wear is a natural and legitimate result of lawful use, and is what we all have to put up with as the result of years of activity of brain and body. Tear is another matter; *it* comes of hard or evil usage of body or engine, of putting things to wrong purposes, using a chisel for a screw-driver, a penknife

for a gimlet. Long strain, or the sudden demand of strength from weakness, causes tear. Wear comes from use, tear from abuse. The pathology is in the innervation, not the circulation, hence it occurs whenever there is a poverty of nerve force, where the expenditure exceeds the supply. From this same impoverishment of nerve force, uterine and ovarian weaknesses occur as effect rather than cause." But the cause which is continually brought before my notice is dystocia. The shock of a hard, unnatural, precipitate or artificial labor, seems to have utterly demoralized the nervous system of very many of our women. The entire courage of the patient seems gone. In looking over my own practice I find a record of forty-five patients who suffered from nervous prostration where it could be traced directly to an unnatural or violent labor. Occasionally it dated from a *recent* parturition, but oftener from that of five, ten, fifteen, and even twenty years back. All but five of them had comparatively good health previous to their motherhood. These five, though not sick at the time of their marriage, were frail, and had inherited a scrofulous diathesis, suggesting the possibility of breaking down under slight provocation. The histories of these cases are almost identical. The patient is weak, pale, nervous, twitching in various muscles, languid, lacks all buoyancy, aching limbs, mental depression, insomnia; enters into her daily duties with a sense of utter fatigue. Under pressure of mental excitement she may be able to exert herself with her usual energy, but when the stimulus is removed she is jaded and worn. In the presence of the physician she may seem at her best, the very anticipation of relief acting as a temporary exhilaration. At other times she becomes apprehensive that her powers are giving away, and is apt to fancy the existence of some serious malady. She is depressed, morose, and irritable; looks unhappy; her face is sallow, pinched, and full of pain, and her whole appearance often untidy. She starts at every noise, and cries as soon as she commences to talk about her sufferings. (There is a hypersecretion of tears met with in these cases.) The backache, ovarian pain, violent headaches, nausea, anorexia, are common factors. All these symptoms and more we see in those who have been previously bright and sparkling, care-free and happy. The craving for stimulants, often noticed in these patients,

is not at all surprising, seeing that the system grasps for something to lean on, but needs to be discouraged, as the benefit is only temporary and always dangerous.

The nervous patients of this type generally lose flesh rapidly, but there are other forms of this trouble, oftener met with among the unmarried, where there is a tendency to obesity. This condition is more frequently met with where the trouble is of mental origin. Here the patient constantly increases in flesh, sometimes having a white, waxy appearance (a flabby fat, as it has been called). In other cases, it is of a coarse, bloated, plethoric variety. Dr. S. Weir Mitchell considers this tendency to grow fat a most discouraging symptom, and does not promise a rapid convalescence. More than once, in taking the history of a patient from a third person, I have known of his asking whether she was a "fat or a lean wreck."

I find little literature upon the subject of dystocia as a cause of nervous exhaustion. The general causes among women are given as uterine and ovarian troubles, any fright from whatever cause, dysmenorrhœa, sterility, fatigue, with or without anxiety, disappointments, idleness, etc., etc.

O. Handfield Jones has a few lines on uterine neurosis in his writings, but more in connection with the neuralgias attending dysmenorrhœa, with mention of a few cases of severe nerve-pains following parturition.

The question may be asked whether these sufferings, following dystocia, correctly come under the head of neurasthenia, because of the direct local causes of the symptoms. It is true that out of the forty-five patients previously mentioned, there were long-standing lacerations of the perineum in seventeen cases, with all the resulting conditions. There was lacerated cervix in nearly the same number; subinvolution was found in all; mammary abscess, phlegmasia alba dolens, intercurrent malaria, and hæmorrhage had left their mark in ten; twelve of them, with no especial lesion, had never rallied from the violence of the shock to the system, in giving birth to disproportionately large children.

But, notwithstanding, they all come under the one head of an overtaxed nervous and physical system. Whether it is ovaritis, metritis, cellulitis, or any other of the long list of special names given to the localized troubles, the sufferings have been beyond

the power of endurance, and the nervous strength has been exhausted.

There are instances where women recover promptly and perfectly from a difficult and artificial labor—would they were oftener. In other and more numerous cases, there is an apparently good recovery; the patient seems fairly well for a few weeks, but the sufferings come on later, when the strength is put to the test. This subsequent break-down is not traced to its true origin. Under this latter record, come the cases of rapid convalescence. Does it occur to the physician who boasts of his patient's sitting up on the third day, and having entirely recovered her strength the second week after confinement, to trace the sufferings which occur three, six, or twelve months later, to this same brilliant convalescence?

A comparison is drawn between the effect of parturition on the women of our day, and that of the Indian and other barbarous tribes, not flattering to the former. This is a tiresome and threadbare subject; given all else equal, with the same previous history, and we would have strong, healthy women, who would bring forth children with as satisfactory results as the Indian mother. Perhaps not quite equal, however, to the instance cited of a woman in the Apache tribe of Indians. She was preparing a meal for her husband and his friend, cooking the food and bringing it to the table. While they were eating she went away, returning in less than an hour, dressed in the finest apparel and ornaments, and apparently very much pleased and happy about something. Pressed for an explanation, she took her husband down to the spring in a thicket near by, and there, in a bed of moss, wrapped in finest skins, was her beautiful new-born child. Within the short period of less than an hour had all this been accomplished, and the mother was as lively and strong as though nothing had happened. From dire necessity, women among our poor have been up and at work on the third day after confinement, doing washing and all the work of the house, but their condition is pitiful, and needs to be taken as a warning against haste in getting about. A grave procidentia follows at an early day, and during my residence in a women's hospital, some few years since, it was no uncommon circumstance to find a patient with the uterus the size of a new-born infant's head, hanging from the vulva, sore and

excoriated, sapping the life out of the patient, until one glance at her face would tell the misery she was enduring.

As regards treatment, one fact is evident, that every effort should be made to reduce the amount of dystocia. With parturition made bearable, all unnatural complications reduced, one immense difficulty will be removed. To do this the physical powers of women must be strengthened from childhood. We cannot, in one generation, with all the reforms possible, restore woman to a perfect physical condition, but we can begin, or, rather, go on, for this important work has already commenced. There is no question of a doubt that, although civilization has really weakened the health of our people, in many respects, there is now a reaction, and the hygienic influences to-day are immeasurably ahead of twenty-five years ago. It is no uncommon circumstance, now-a-days, to find, even in our fashionable circles, a goodly number of girls willing to dress their feet, limbs, and abdomen in warm woollen material, to avoid undue exertion during menstruation, or exposure to cold and damp at that time. There is not the excess of tight dressing, crowding the abdominal organs down into the pelvis. They are not ashamed to take fresh air and exercise, and plenty of good wholesome food. They are not ashamed to look stout and rosy; but consider it quite a mortification to be found pale and languid. In time, when this good vein widens, which is gradually working like a little leaven through our people, marriage will not be an end of all good health, and child-bearing will come to be a physiological, and not a pathological, process. The prophylactic treatment during pregnancy is of importance. Even the semi-civilized and barbarous nations give us an example in this. Sometimes it is baths or ablutions, again, semi-religious or superstitious rites are held over them. Among the North American Indians the treatment consists of the administration, for a length of time before labor, of a decoction or infusion of indigenous plants. This practice is copied by some physicians of the allopathic school, who administer, under the same circumstances, Caulophyllum or Cimicifuga in crude doses. It is better for a patient to be under the general supervision of her medical adviser during all of her pregnant period. Thus the physician can discover whether any structural obstacle exists and the history of the patient can be learned.

If a primipara, the menstrual record is of importance. Cazeaux speaks of some writers having established, or attempted to establish, a relation between the phenomena that precedes or accompanies the menstrual discharge in the non-gravid state, and the slowness or activity of the contractions of the uterus during the labor; for, they say, should the periodical flow be difficult, laborious, and painful, and the patient tormented every month by colicky pains, the irritability of the uterus and the energy of the contractions will almost invariably be excessive in the hour of childbirth. On the contrary, there is reason to anticipate the occurrence of slow and feeble pains when the woman is advised of the return of her menses only by the appearance of the flow, and when they pass off without suffering. In the case of multipara we can judge of the probability of dystocia by the history of previous labors, also in the record of her general health before, during, and after her former confinements. Difficulties which have occurred at these times can be guarded against by prophylactic remedies.

All the symptoms of sickness and discomfort during pregnancy should be discovered and relieved. In every way the health should be kept, or brought up, to a good standard. Constipation should be corrected. Many women think any pain or ache occurring in all these long months must be borne because it is natural. This is not true. Normal pregnancy should not be attended by painful symptoms, and when they occur, they can be conquered by the proper remedy and hygienic influences.

The daily sitz bath has been of service many times; even during labor it has done good work. Other hydropathic treatment has been followed by good results: sponge baths, packs, etc., Caulophyl., Cimicif., Digital., Helonias, Gossypium, Secale, Ustilago, and other remedies, have been variously tried for three weeks previous to confinement, and most satisfactorily, according to some authors. The diet for the first six months should be free. A good amount of substantial wholesome food is permissible. For the last three months meat once a day (and that young meat), with only seldom an egg, and milk in moderation, is ample animal food. Vegetables and fruits should be the chief diet. An excessive amount of bread and butter is not well.

Experiments have been made with regard to the medication of

the fœtus in utero. Remedies administered to the mother have been thought to prevent abnormal bony deposits which had caused dystocia in previous labors. Medicines have also been known to change an abnormal position of the child. It is well worth the trial.

The *curative* treatment of nervous prostration following dystocia, differs little from that in which it follows other causes. The ovarian and uterine symptoms need special medication; lacerations should be repaired. After that, it is the general care of feeding, rest, change, medicine, massage, electricity, relief from work, and anxiety, etc. Warm climates are thought best for the nervous. Sea air is beneficial only in some instances. It is recommended in tedious cases to try a change of treatment; and even a change of physicians is an advantage sometimes. Again, suspending all medication has done well. We notice this in our own experiences—we leave a patient for a time without medicine, and she improves nicely. But it *is* vexatious for the patient in this case, to turn upon us and say the medicine did no good, and they gain faster without any, etc., even go so far, perhaps, as to say the doctor was a failure, when really the medicine is having an uninterrupted opportunity to act. Advice about food varies: able authorities say, avoid starches and gums, feed on meat, fish, oysters, fats, butter, and milk. English writers advise a vegetable diet. American people are said to eat too little fat, and drink too little water. The nervous have little or no thirst.

So much for the general rules of treatment, but we, as homœopathists, can rejoice in grand resources in our proved and well-tried remedies. Our chosen drug may appear to act slowly, but this is often because the surroundings are not favorable, or the cause is still continuing. In acute diseases our remedies act with magic power, even under unfavorable circumstances, but with the chronic we feel the need of a smooth pathway. We want our patient willing to follow our directions to the letter, and with a strong desire to get well, then, after a careful search of our Materia Medica the true similar which we find will do its work. Dr. S. Weir Mitchell, and other noted physicians in his train, say rest, absolute rest, and seclusion, are the two grand items of treatment. His exact plan is to place a patient in bed, in a large, airy, sunny room away from

the family for two or three months, with a trained nurse the only attendant. No voluntary exercise permitted except to brush the teeth. Massage is prescribed; for the first week a half hour daily, midway between two meal times, then the time is lengthened to one hour. The motions are, first, pinching the skin; then pinching the muscle; third, beating or tapping; fourth, moving the joints. After each meal absolute rest for one hour. Electricity once daily. In two weeks reading is allowed, at first only for one half hour; gradually the time is increased. The diet consists of skimmed milk, two quarts daily, taken in divided doses about two hours apart. It may be warm or cold as preferred. Occasionally beef broth can be substituted for the milk if the latter disgusts. If the patient is fat, flabby, and anæmic, she is kept on milk (skimmed) until she loses half a pound of flesh daily. If there is constipation, the patient takes a cup of coffee, without sugar, on waking in the morning; if this is not sufficient he gives an aloes pill (*e.g.*, Ex. aloes, gr. $\frac{1}{4}$; dried ox gall, gr. ij). After four days or a week, a light breakfast is allowed; two days later a mutton chop at noon, with bread and butter. In ten days the patient can revel in three meals a day. Milk goes on regularly and takes the place of water. The first exertion is to sit up for a few minutes. 2d. The patient may feed herself. 3d. Sit up out of bed fifteen minutes at bed-time. 4th, and a week from the first move, fifteen minutes twice a day. In twelve weeks she need only lie down three or four hours daily.

A record of two or three cases I would like to add to this lengthy paper.

Mrs. L., æt. 39, married, previously healthy. With the birth of her youngest child, thirteen years ago, she had violent hæmorrhage, and for five years subsequently suffered all the untold agonies of nervous prostration. Her constant thought was that she was dying, and if left alone felt herself sinking down, down, down into unconsciousness. A firm hold of some one reassured her. She suffered with violent attacks of sick headache, and had always a tender spot on scalp, left temple, or eye-brow; her hair was tender to touch. (These headaches are counted a safety-valve; when they cease suddenly with no other improvement, we have need to look out for "breakers ahead.") The recovery here, which was

complete, commenced with isolation from her family, perfect rest, and hygiene for a year. After a return home she was under careful medication, and the headaches were removed by fitting her eyes with proper glasses.

CASE II.—Mrs. H. Married one year, had an attack following confinement. She was discouraged before the birth of her child, and cried frequently. The labor was severe and tedious, but terminated naturally except that a short but ragged laceration of the perineum occurred. The tissues were unhealthy, having in twelve hours after the accident a film of gray deposit over the surface. It was repaired with two silver wire sutures, and union was rapid and complete. In the second week after parturition the patient became listless and discouraged. The nurse did much to cheer her, and succeeded in getting her about the room, but as soon as she left Mrs. H. sank down completely. She would lie on the bed, complaining of nothing, caring for nothing, gave no attention to the baby, even to give it its natural food, which came in abundance. The baby dwindled away, then she became alarmed, said her baby was starving, and that her milk would poison it, but by this time the supply was about gone. When roused at all she was irritable and sullen. From this fact, and from her being a high liver, and addicted to occasional stimulating drinks, and having a decided constipation, I gave Nux vomica, and she recovered, the second month following parturition, but she had many lessons in discipline from both her husband and myself. Now she is well, cares anxiously for her child, who has had two severe illnesses, and works faithfully in her home. One circumstance in connection with the operation is worthy of note. She yielded slowly to the influence of ether, so chloroform was suggested. Scarcely a drachm was poured on a fresh handkerchief, and held three inches from her face, and she was told to take full breaths. With the second inspiration she lost consciousness, all color left her face, yellow rings appeared around her mouth and eyes, and livid blotches on forehead, face, and neck; breathing, if at all, was stertorous, muscles all relaxed. She was dying, for an instant it looked as if she was dead. Active restorative measures revived her.

CASE III.—Mrs. A. Another case following confinement. The

labor was severe, terminated with forceps, no laceration. Progress through the first week fair, but the pulse kept rapid, and she was weak. Early in the second week, she was worried by the death of a near relative; this, with anxiety about her husband's health, and other tribulations, caused a complete prostration. She complained of nothing but a tired feeling in her head; she could not move hand or foot from weakness, could bear neither light nor sound. She continued in this way for three days. No word, beyond a necessary monosyllable, was spoken in her room; no one would step on that floor except the nurse, who sat in the adjoining room, and without speaking, administered medicine or food. Her nourishment was beef-tea and milk in alternation, in teaspoonful doses. The door-bell was muffled, the baby kept in the farthest corner of the house, and no sound reached her room. In my visits I entered the room, looked at her, felt her pulse, and walked out without speaking, all directions being given down-stairs. On the fourth day she turned for the better, and gained steadily. The improvement was under Arsenicum. While in her weakest condition she was in a profuse, cool perspiration, and at the very time her temperature measured 105°, her pulse was rapid beyond counting, and almost imperceptible. There were absolutely no other symptoms.

Case IV.—Mrs. M., whose labors had been frequent and severe, was a case of neurasthenia with *all* the symptoms, but peculiar in the fact, that while lying in bed she felt as if she were being raised gradually up to the ceiling, until she felt smothered and even crushed between bed and ceiling. Another symptom (on which was based the prescription, Sulphur, which cured her) was a frequent need of small quantities of food. At about 11 A.M. (especially) she would first feel hungry, then weak, then a sense of nausea, then dizzy and faint, would be obliged to lie down, a light perspiration would occur. This would continue until she received food. A drink of water was a partial relief. It is interesting to notice the frequent desire and need for food in nervous dyspepsia, and the loathing in dyspepsia from derangement caused by improper food.

DISCUSSION.

Dr. Betts had little to say, except in commendation. He believed that we are all to blame for the custom of leaving our

patients, after two or three weeks, after a severe labor, in the care of a nurse. In the second case the doctor left the case, and, by mistake, the nurse. This should not be. He saw a case this afternoon, where a young lady of twenty was delivered, after a severe struggle, of a child. The duties of the house, the care of the child, and her social duties, almost caused a wreck. She had the feeling as if she would lose her mind. She had a lacerated cervix, subinvoluted uterus, and was pregnant. At the third month she miscarried, and last week she was so far recovered, that she could have the operation for laceration of the cervix performed. This should have been done long ago. If they receive treatment early, the symptoms are easier to treat and more amenable to treatment.

Dr. J. N. Mitchell said that the writer spoke as if some special symptoms were to be considered. It has been his experience that these cases are more frequent when, apparently, there are no symptoms at all. Eight weeks is the period at which involution is complete, and if there is subinvolution then the trouble commences.

A great proportion of the women who suffer from these symptoms are those who have little milk, but still attempt to nurse the child.

CASES OF PUERPERAL ECLAMPSIA.

BY H. H. HOFMANN, M.D., PITTSBURGH, PA.

Case I.—Mrs. C. F., aged nineteen. Primipara. Pains began in the afternoon and became more severe about 11 o'clock that night. About 3 A.M. the os was fully dilated, and the head of the fœtus in the superior strait. Convulsions set in, and about fifteen minutes after, another attack. Forceps were applied, and the head brought down from the superior strait and delivered. A lighter attack of convulsions set in after this, and the symptoms indicating Cicuta this was given, and the convulsions ceased.

Case II.—Mrs. J. H., aged twenty-four. Primipara. Her confinement came on during an exciting presidential election, her husband was on an extended spree, and to make matters worse, when pains came on, brought in a boon companion, a physician, who was also intoxicated, to attend his wife.

Page 102. Lines 13 to 20. Dr. Mitchell is incorrectly reported. The substance of his remarks was as follows:

"He thought Dr. Branson seemed to lay too great stress on lacerations of the cervix and perineum as causes of neurasthenia in women. He had frequently seen such symptoms as she described following labors, which were not difficult and where there was no laceration of any kind. The neurasthenic symptoms often occurred several months after the labor in such cases. He often found it necessary to stop these women from nursing, as that seemed a cause of further exhaustion to them."

Labor set in during the afternoon, and the pains grew worse at 10 P.M., when I was called. About 3 A.M., the os being fully dilated for some time, and labor making no progress, I gave chloroform and applied the forceps.

She was made comfortable, and was resting well when, two hours after confinement, as I was getting ready to go home, the nurse informed me convulsions had set in. These convulsions continued every few hours for several days, gradually growing milder. She was continually uncovering herself and wanted to get away. Hyos. was given from first to last. She regained consciousness in two or three days, but did not recollect anything, not even the birth of the child. In both these cases the urine had not been examined, as there were no indications of œdema.

CASE III.—Mrs. P., aged twenty-two. Primipara. When in the eighth month of her pregnancy she had general anasarca, the limbs were fearfully swollen, and the labia hung down half way to the knees, so that they had to be incised to give her relief. The urine became solid on boiling. Under the administration of Arsen.[12] this œdema became less, and the urine contained less albumen, hardly 20 per cent. This in about two weeks' time. She also became more lively and hopeful.

At the end of the eighth month labor pains set in, and the child was born before I arrived; she lived twelve miles in the country. The child was still-born.

She appeared to be rational, and felt quite comfortable; still, being apprehensive of convulsions, I stayed two hours, but no symptoms of anything wrong were manifested. Soon after I left severe convulsions set in, with foaming at the mouth. When I arrived she was given Stramonium, as her symptoms indicated that remedy. For the next three days the spasms grew less frequent and less violent. On the third day she regained consciousness, and asked if she had been delivered. She appeared to be out of danger, but the next morning she had dyspnœa, so that she had to sit up; pulse very small. She died soon after.

CASE IV.—Mrs. G., aged twenty. Primipara. Twin birth. This patient was quite dropsical, but the urine, although examined repeatedly, showed no signs of albumen. The first stage of labor lasted about twenty-four hours. The membranes had ruptured,

and the first child's head was at the perinæum when a convulsion set in. Forceps were applied at once, and the child delivered alive, but it died soon after. Found another bag of waters, which was ruptured, and the child delivered by expression. This child was still-born.

On account of the long labor, the livid lips, and the fact that she seemed to have headache from congestion, Arnica was given. The convulsions grew lighter and less frequent, and the Arnica was continued. On the second day Cicuta was given, but the symptoms grew worse. Arnica was again given, and on the sixth day the convulsions ceased, and she regained consciousness. Her recovery after this was uninterrupted, and since then she has been delivered of a living child without any bad symptoms.

THE REPORT OF THE BUREAU OF SURGERY

Was presented by the Chairman, Dr. C. M. Thomas. It comprised the following papers:

Surgical Cases, by W. R. Childs, M.D.
Ovariotomy, by C. M. Thomas, M.D.
Cases in Surgery, by L. H. Willard, M.D.
Calendula in Surgery, by C. M. Thomas, M.D.

A REVIEW OF SOME POINTS IN THE OPERATION OF OVARIOTOMY.

BY CHARLES M. THOMAS, M.D., PHILADELPHIA, PA.

In a general way, one may say that ovarian tumors, and the operation therefor, are more or less complicated, according to the extent and number of the attachments which exist between them and the contiguous surfaces and organs.

These attachments are mainly *parietal*, *omental*, *visceral*, and *pelvic*.

Parietal adhesions, although not the most formidable, are still often extremely troublesome, and are too apt to receive but scant

attention by writers on the subject. They may be said to present themselves both during and after the completion of the abdominal incision.

When they lie in the track of the incision, they give rise to much difficulty in deciding where the peritoneum ends and cyst wall begins; and if great care be not exercised, one may fall into the error of mistaking the peritoneum for the cyst, and, in consequence, attempt to tear it from the abdominal walls. Such an error, however, is hardly possible if it be constantly borne in mind, that between the muscular aponeurosis and the peritoneum, will always be found a more or less abundant layer of fatty tissue, known commonly as the *transversalis fascia.*

I would suggest as a surer way to avoid overlooking this important guide, that it be associated by name with the aponeurosis immediately beneath which it lies, as this *sub-aponeurotic fat* must always be recognized and divided before the peritoneum is reached. Through overlooking this guide, one of two serious errors may be made. Thus, where the peritoneum is thin its careless division may expose the omentum spread over the face of the tumor, the mistaking of which for the sub-aponeurotic fat would lead to a premature division of the cyst. Again, the peritoneum is at times so thickened, as to closely resemble a cyst wall, and so cause an attempt to separate it from the overlying tissues.

After the division of the sub-aponeurotic fat, if the membrane lying immediately beneath is not, without difficulty, separated in a distinct layer from the parts still deeper (the sac), one recognizes the presence of adhesions between it (peritoneum) and the underlying cyst wall. Careful trial incisions should now be made in this tissue to a moderate depth, in the hope of coming upon a spot where it can be separated from the parts beneath, and, failing in this, a cautious lengthening of the whole incision upward may be made, with the same idea in view. The extension upward should, however, be but a limited one, in order not to unnecessarily enlarge the abdominal wound; and, indeed, in most cases of polycystic growths, when the adhesions exist for several inches *below* the umbilicus, they are likely to be found equally far above it. In most instances it is far better to deepen the incision cautiously near the upper angle of the wound, until, if necessary, the cyst is punc-

tured, when the trocar can be inserted and the contents drawn off. After the evacuation of the sac, the trocar puncture may be enlarged and the face of the section carefully inspected, to determine the line of union between the cyst and peritoneum.

Should the incision require enlargement downward, care must be taken to avoid dividing the peritoneum below the point of reflection from the abdominal walls, in order not to open into the post-pubic cellular tissue. Even a small incision of the peritoneum here, will cause a gaping wound that will favor the formation of abscess behind the pubis. I have twice fallen into this error, in my desire to give myself more light for manipulation within the pelvis. In one case, by careful separate stitching of the peritoneum, I avoided after-complication, but in the second, a post-pubic abscess formed, which much retarded recovery. With regard to the length of the incision, I think that when there is reason to suppose the cyst single, it should be very limited in extent, to be afterward enlarged if required. In more than one case of mono-cyst, with no adhesions, I have removed it entire through an opening measuring a scant 2 inches. In poly-cysts, a larger incision will almost surely be required, and should not be made scant to begin with.

After opening the peritoneal cavity the usual practice is to insinuate the hand or a sound between the peritoneal- and cyst-surfaces in the search for adhesions, and, finding them, to break them up before the cyst is tapped.

This manœuvre I believe to be unnecessary and injurious. If adhesions do not exist it is a loss of time, and adds, even though slightly, to the irritation and risk of infection; if adhesions are present, they can be much more easily and safely broken up, and with the loss of decidedly less blood after the walls of the cyst are relaxed. In several instances, after having separated the attachments *before* the tapping, a considerable amount of blood has flowed into the peritoneal cavity during the time taken to draw off the cyst contents. While the actual loss of blood from these adhesions is usually small, still the soiling of the peritoneal cavity thereby is not inconsiderable, and at times vessels of size may be unwittingly torn in such blind groping. In one of my cases blood welled quite freely through the abdominal opening from the severed points in the parietes during the whole time occupied in emptying the cyst,

and had accumulated in considerable quantity in the pelvis by the time the tumor was removed. Beside the unnecessary hæmorrhage caused by this practice, no small risk is run of bursting prematurely a frail-walled cyst, an accident of grave import, especially at this early stage of the operation. In all my later cases, therefore, I have contented myself with not more than a very careful introduction of my finger for a couple of inches inside the peritoneal sac before using the trocar. *After* emptying the cyst the adhesions can be easily exposed by dragging the sac forward through the wound, while the parietes are everted. These attachments are commonly best separated with the fingers or scissors, each vessel as it spurts being controlled without delay; or if the adhesions or vessels, by their size, seem to require the precaution, double ligatures may be applied before the division.

Intestinal and omental adhesions in particular should never be attacked without first thoroughly exposing them. Too much care cannot be exercised in the separating of these adhesions and in *immediately* checking the bleeding, while at the same time a prolonged handling is to be avoided.

Omental adhesions covering small space may be broken loose with the finger pulps, and each vessel twisted or, better, tied as it bleeds. When the adhesion involves a considerable space the separation should never be made before the omentum has been ligated, and well above the attachment, that is, in firm, vascular tissue; and in most cases it will be found safest to apply two ligatures, and cut between, in order to prevent soiling of the peritoneum from oozing from the tumor side of the section. Large masses of the omentum may in this way, with perfect safety, be removed; and, indeed, it will be found much safer to err on the side of removing too much than too little, for the omental vessels, though numerous, are so loosely supported by surrounding tissue that the structure bears injury but poorly. Again, ligation of omentum *en masse* is much preferable and safer than the tying of vessels separately, their large number frequently causing them to be overlooked, and so give rise to a consecutive bleeding.

In breaking away the *intestinal* attachments too much care and gentleness cannot be exercised, in order not to tear into or so damage the wall of the gut as to lead to a risk of ulcerative per-

foration. In close adhesions, rather than use any force, it is certainly much preferable to cut away the adherent cyst peritoneum, and leave it on the gut. Should a perforation be made in the bowel it is needless to say that it should be immediately closed before the further steps of the operation are proceeded with.

In dealing with any form of adhesion I believe, as a general rule, it is best to stop all bleeding as the parts are divided, rather than to rapidly separate the attachment, and leave the management of the bleeding points till after the removal of the cyst, as is advised by many operators. By the latter method certainly more blood is lost, the peritoneum is more soiled, and frequently the location of bleeding points is so difficult as to protract the later stages of the operation in an annoying manner. In one of my cases I spent probably fifteen minutes in search of a hidden vessel, which could have been secured with the loss of but a moment at the time of division.

The most troublesome of all adhesions, owing to the difficulty in exposing them, are those upon the posterior surface of the tumor, particularly where the latter is fastened thereby to the iliac fossæ and true pelvis. The close proximity of the large vessels in those regions renders careless manipulation and the exhibition of force extremely dangerous, and just how far one may go, or how much force be expended is a question only to be decided by personal experience. Very few of us, I fancy, would be willing to follow the example of Koeberlé, who in tearing a tumor from its fastenings to the sacrum, braced his knee against the pubes to enable him to exert his utmost strength in the effort. Here again it is safest to leave portions of the cyst wall in place, and trust to thorough drainage than run the risks attendant on rough manipulation. Where no pedicle exists, and the attachment to the pelvis is universal, the possibility of enucleation of the mass from its peritoneal covering, as recommended and practiced by Minor, should be borne in mind, although the procedure is, I believe, attended by much greater dangers than one would be led to suppose from the description we have of it. In an attempt of this sort I was so unfortunate as to lose my patient on the table, through the laceration of deep-seated pelvic vessels, the bleeding from which became uncontrollable. This was a case of enormous

tumor, made up of innumerable small cysts filled with ropy and jelly-like masses, and sitting like an immense mushroom with its stalk occupying the whole of the true pelvis, and leaving no space whatever between the pelvic brim and the tumor. Under similar conditions I would, with my present experience, not attempt the removal. On another occasion I left attached to the promontory of the sacrum and right iliac fossa, pieces of cyst wall as large as a silver dollar, but by thorough drainage and irrigation the abdominal cavity was kept clean, and a perfect recovery secured.

In thin-walled, very vascular tumors, with extensive attachments, particularly posteriorly, the bleeding during the operation may be excessive.

Decided advantage can in these cases be obtained by making a temporary compression of the pedicle as soon as it can be reached, and if possible before attacking the adhesions, thereby shutting off the blood supply to the growth. This can be done either by grasping the stalk with large pressure forceps, such as those devised by Spencer Wells, or by the use of a *serre-nœud* or a temporary heavy ligature. Under such trying circumstances, rapidity of execution is an indispensable requisite, and the treatment of bleeding points must be left till the tumor is out of the way.

With reference to the control of cut vessels and bleeding surfaces, I think that the free use of the ligature is far safer and altogether more satisfactory than any other means. Torsion is certainly not to be depended upon, nor is local forcipressure to be compared with the ligature; indeed, after the removal of pressure forceps, even though the part no longer bleeds, I am in the habit of throwing a ligature about it. For oozing surfaces, a ligature passed beneath with a needle and tied across is the most effective method, though at times the hot iron or prolonged sponge pressure may be found useful. The salts of iron, either solid or in solution, have never served me a good purpose. It does not seem to be a matter of importance whether the ligature used is of silk or gut, although theoretically, at least for smaller points, the gut is better and I much prefer it.

It is, however, astonishing how seldom ligatures of silk cause any disturbance, even when they have been used in large numbers;

thirty and forty having been left within the abdomen in a single case without setting up the slightest irritation.

Probably the most difficult and trying cases, are those where the tumor has apparently developed between the layers of the broad ligament and left no pedicle. Of all complications met with in ovariotomy, this is, I think, by all odds, the most disheartening. When the growth reaches quite down to the base of the broad ligament, and is of large size, I cannot see how its removal can be effected without putting the patient to an unjustifiable risk of immediate death. When the lowermost portion of the ligament remains unencroached upon, thus leaving the tumor somewhat movable, the mass may be extirpated by alternate ligation and division of the ligament in sections, beginning at the side of the uterus in order to early control the bleeding; and when this organ is closely involved, including its side in the first section.

Two of my cases have been of this sort. In the first, a patient of Dr. H. Knox Stewart, of this city, the tumor was practically solid, so small were the cysts, and hence, could be lessened but little in size by the trocar.

There was no indication of a pedicle proper, and the base seemed to spring from the whole length of the broad ligament. The point of greatest mobility was at the lateral pelvic attachment, the tumor reaching nearly to the bottom of the pelvis, though here some free broad ligament could be made out, like an immense short thick pedicle. The uterus was flattened against, and virtually a part of, the growth. The cornu of the uterus and the uninvolved portion of the broad ligament were, with much difficulty, tied in four separate sections by heavy plaited silk carried on a large-handled needle, and the tumor then cut away with strong scissors. Two of the ligatures, including the one upon the side of the uterus, slipped from their hold, and a considerable amount of blood was lost before the vessels were found and ligated. A number of interrupted sutures were then applied to the side of the uterus in such a way as to close in the raw surfaces with peritoneum from front and back, and then the free edges of the severed broad ligament closed carefully with a continuous stitch. At this time I was not aware that this method of dealing with the peritoneal edges had already been practiced by Spencer Wells.

In spite of careful drainage and antiseptic precautions, a septic peritonitis terminated the case in three days.

The second case was a patient of Dr. Starr of Chester. On opening the peritoneal cavity, a large polycyst was exposed, from three cavities of which the fluid was removed with a large trocar. Two good-sized pieces of adherent omentum were ligated and cut away from the summit of the tumor, and large parietal adhesions separated by the hand. Upon reaching the base of the growth, I found it presenting a nearly solid mass, the size of a babe's head, projecting in between the layers of the broad ligament, which was spread around it like a hood or capsule, and from which I succeeded in turning the mass out, leaving there a short thick attachment, by the broad ligament, to the side of the uterus. The sigmoid flexure of the rectum was also found fast to the tumor and separated. The short pedicle from the uterus was ligated in two portions, and the whole mass removed. The tumor and contents weighed 45 pounds. Several vessels were ligated in the ragged cavity left in the broad ligament, the free borders of which were united with a continuous gut suture after thorough washing with iodine-water. These edges were, however, so irregular, that an accurate adjustment was not accomplished, and whether for this reason or not, pelvic abscess formed, which eventually emptied through the abdominal wound. Death took place from pyæmia on the twenty-third day.

That portion of ovariotomy in which the greatest change has taken place, is in the management of the pedicle. There seems to be now, a universal acceptance of the practice of leaving it in the abdominal cavity, and, indeed, the lessening of the mortality rates can be pretty clearly traced to the time when the extra-abdominal treatment of the pedicle, by means of the clamp, was practically given up. At the present time no one questions the superiority of the intra-abdominal method, and the only point on which operators can well differ, is as to the method of controlling the vessels in the stump. Whether the ligature or cautery shall hold the first place is a matter, at present, of no practical moment, as the results from each show no measurable difference. The results of the most successful operators, Keith and Tait, the former using the cautery, and the latter the ligature, are very nearly the same.

This being the case, it seems to me that the ligature is preferable, from the greater ease with which it is applied. Torsion, the écraseur, and separate ligation of the vessels, have now few, if any, supporters. I have, personally, never used any other than the short ligature, although my first cases were done in 1875, when the best results seemed to follow the employment of the clamp. This was, however, not owing to any conviction on my part that the intra-peritoneal method was the best, but simply because my first pedicles were too short for the clamp.

An exceedingly unpleasant complication, and, happily, a rare one, is when the tissues of the pedicle are so soft as to give way before the pressure of the ligature. In the fall of 1884, I was called by Dr. A. R. Thomas to operate upon Mrs. —— for ovarian cyst. The opening of the peritoneal cavity showed loose parietal adhesions, easily separated as the cyst was drawn out. A large mass of adherent omentum was ligated in two portions and removed with the upper part of the tumor, and the lower or pelvic portion was separated with some difficulty from the sigmoid flexure. The pedicle was short and broad, but not very thick, so that it was transfixed by a double ligature of silk, preparatory to tying in two parts. The portion upon the uterine side was secured with no apparent difficulty, but upon tightening the outer half, a free flow of blood was noticed, and upon close inspection after sponging it was found that the silk, although not drawn with an unusual degree of force, had cut almost entirely through the inclosed tissue.

The tumor was hastily cut away, the stump of the pedicle grasped with forceps and again ligated *en masse*, but with the same result. With as little delay as possible each bleeding point was now sought and carefully ligated, five vessels being treated in this manner. A heavy plaited silk cord was then throw around the whole pedicle and tightened only sufficiently to stop the moderate capillary oozing which still persisted. As a matter of still further precaution, the peritoneal edges along the whole line of the stump were sewn together with a continuous stitch of fine catgut. During the latter steps of the operation the flagging heart of the patient was supported by numerous hypodermics of brandy. The abdominal cavity having been much soiled, it was thoroughly rinsed and sponged out with weak iodinized water, after which no

further bleeding showed itself. A glass drainage tube was placed in the lower angle of the wound, reaching into Douglas's pouch, and the abdomen closed. Reaction was very slow in spite of continued stimulation, friction, and hot applications to the extremities, and death from exhaustion, or persistent vomiting, was daily feared for the first week. From that time on, however, she made a slow but uninterrupted recovery.

With regard to the matter of *draining* in ovariotomy, it appears to me that the desire to do without this, even after complicated cases, may be carried to a dangerous extreme. Practiced according to the more recent methods, the small additional risk entailed to the patient, it seems to me, is more than counterbalanced by the positive advantage to be gained in event of suppuration, septic changes and hæmorrhages within the peritoneum. One frequently notices in the report of operations, the regret expressed after a fatal result, that drainage had not been employed; but on the other hand, how seldom does one hear of any disastrous or unfortunate result which could be traced to the employment of the drainage! And this has been the case in my own experience, for never have I regretted having used it, even where I have had a fatal issue; but more than once have I blamed myself for not having done so.

In two cases in 1875 and 1876, both complicated, I employed the vaginal drainage as recommended by Marion Sims; one resulted favorably, the other fatally. Since then, I have drained from the wound, mainly with glass tubes, in nearly one-half of my cases. Of course the question when to drain and when not, can only be decided by individual experience.

The question of Listerism in connection with ovariotomy, is still *sub judice*, although the number of non-Listerian operations is certainly on the increase, and more particularly since the reports of Lawson Tait, Mr. Bantock, and the late series of Keith.

That to antisepsis belongs the honor of having given, though, perhaps, indirectly, a most decided impetus to the operation, there seems to be but little doubt, and, indeed, on the Continent of Europe, before the year 1870, the mortality rates were so high as to have almost discouraged the performance of the operation. Even as late as 1877, the series of 613 operations done by German

operators and tabulated by Olshausen, shows a mortality of 43 per cent.

Since this time, which also marks the introduction of the antiseptic methods, the mortality has been reduced in the most astonishing manner, so that the late reports from Nussbaum, Billroth, Péan, and other Continental operators, show the death-rate lowered to less than 20 per cent. On the other hand it has to be borne in mind, as emphasized by Lawson Tait (who *without Listerism* shows the unequalled success of less than 5 per cent. of deaths), that the period of remarkably increasing successes also corresponds to the time of radical change in the management of the pedicle, from the extra-peritoneal method and clamp, to the intra-peritoneal with cautery or ligature. A very strong argument in favor of the idea that our present success in ovariotomy may be due more to increasing experience and exactitude in the technique of the operation than to the influence of Listerism, is seen in the fact that at the Samaritan, London, the chief operators, Mr. Thornton and Mr. Bantock, equally skilful as surgeons in this department, report results almost identical, while Mr. Thornton is a strict Listerian and Mr. Bantock never employs this method.

SURGICAL CASES.

BY W. R. CHILDS, M.D., PITTSBURGH, PA.

Congenital Strangulated Omental Hernia.

Fred. K., aged 14 years. Admitted to Homœopathic Hospital, October 27th, 1884. When a child there was noticed an enlargement of the right side of the scrotum which year after year seemed to gradually increase. Within the last few months it has grown painful, and boy complains of weight and soreness. A few weeks since a truss was applied, but only inflamed the protruded mass. The case was brought to the hospital: Dr. J. H. McClelland consulting. We find the right inguinal ring sufficiently large to freely admit of the introduction of the forefinger. There is a large mass protruding and nearly filling the right side of the scrotum.

This mass has a peculiar pulpy feel, with several firm nodules which seem like so many testicles.

Patient was anæsthetized, scrotum laid open, the incision extending from external ring, and protrusion exposed. It was found to be a portion of omentum, which was attached to the testicle and inner wall of scrotum. An effort was made to return the mass within the abdominal ring, but without success. (And for the very good reason that *this* portion of the omentum did not belong within the abdominal cavity; the strong probability being that the attachment took place in utero during the descent of the testicle, and continued its development in the scrotal sac.) Its removal being imperative, from its gangrenous condition, thirteen catgut ligatures were applied along the outer edge of the tunica vaginalis and cord, and a leaf of omental tissue cut off with scissors, the stump returned within the ring, the wound closed with catgut sutures, a decalcified drainage tube left in the scrotum, and wound dressed with a 10 per cent. solution of Calendula and antiseptic gauze. The operation was performed under the Lister method, and consumed two hours' time. The part removed was an irregular four-sided leaf, measuring 10 x 8 and 6 x 7 inches, and weighed three ounces.

The patient was given Arnica^{3x} internally. He passed a tolerably good night. The day following his pulse was 120; temperature, 100°; evening pulse, 112; temperature, 100.6°. Acon.^{3} internally, and a milk diet. Wound looks well, dressing continued, with Iodoform sprinkled over the dressing.

Third Day.—Wound discharging thin, light-colored pus. Pulse, 112; temperature, 99 4°.

At the end of seventh day pulse and temperature were nearly normal, wound discharging a laudable pus in small quantity, and patient anxious to be up. From this time until December 1st the internal treatment was Sul.^{6} The dressing was Calendula 10^{c} and diet more generous.

During the month of December the boy remained in the hospital convalescing, and was discharged December 31st, *cured.* During July last, nine months after the operation, I met him on the street. He reported himself well and earning a living at segar-making.

Sarcomatous Tumor of Neck.

Miss D., aged 22. Private patient Homœopathic Hospital.

Maternal grandfather died of cancer of throat; maternal grandmother of debility. Father died of abscess of bowels when patient was four years old. Nothing can be further learned of family history.

Miss D. had scarlet fever in her fifteenth year. Throat symptoms worse; during convalescence the swelling of left side of neck disappeared all but a small lump, size of a hickory-nut, which shortly after was noticed to increase gradually in size until in three years it had attained the size of an unhulled walnut. The tumor was not painful, but on account of its unsightliness it was removed by an Ohio doctor, who diagnosed it as a "fibroid tumor." Recovery was good, and no further manifestations of trouble were shown until the lapse of two years and a half, when two small, hard nodules made their appearance, one above and the other below the seat of former growth, and increased in size quite rapidly, filling up the intervening space (site of first tumor), and uniting formed an irregular, somewhat pear-shaped mass with smaller end under lobe of the ear. In May, 1883, an Ohio doctor attempted the removal of the tumor, but after making an incision he closed up the wound, remarking, "It is too late for the knife." Injections of Iodine, Carbolic acid, and other substances unknown to the patient were resorted to during the next four or five months. Then electricity was tried for a few months. In January, 1884, local applications of a caustic character were resorted to. These caused her great pain and suffering, the outer skin was destroyed, and an eroding ulcer formed. This was followed in the spring of 1884 by emollient poultices and soothing lotions.

December, 1884, Miss D—— came to Pittsburgh to obtain medical aid and ascertain if she was really beyond surgical relief. Dr. J. H. McClelland was called to consult in the case. The young lady was made acquainted with the dangers attending the removal of a tumor situated as this one was, and then informed, if she was willing to assume *all risks*, and would get the consent of her parents (her mother has remarried), we would secure her a room in the Homœopathic Hospital and remove the tumor. In January, 1885,

I received a letter advising me that Miss D—— would arrive in the city on February 2d. Promptly she came, and on the 5th of February the operation was performed. The operating room, all instruments, operators, and assistants were thoroughly disinfected. Drs. J. B. McClelland and J. R. Horner were given charge of pulse, respiration, and anæsthesia; Dr. C. C. Rinehart, of ligatures, tenaculums, and forceps; Dr. E. E. Briggs, thermo-cautery and cautery irons; while two female nurses attended to supplying sponges, etc. There were present, as interested spectators, fourteen members of our school of practice.

The present condition is as follows: A growth just beneath the lobe of the left ear, which extends below the angle of the jaw, is deeply seated and firmly adherent to the surrounding parts; seems to be composed of two lobes, the larger below the angle of the jaw. There is a large scar in the centre of the mass, open in one place, and discharging slightly a thin, purulent fluid. She suffers but slightly from neuralgic pain in face; has some difficulty in swallowing, and complains of loss of hearing in left ear.

1 P.M.—Began to anæsthetize the patient, using first Squibb's ether, then chloroform; Dr. J. H. McClelland in rear, myself in front, patient lying on right side. At 1.30, an incision was made, beginning back of ear and extending down and under angles of jaw four inches, the posterior flap incised at right angles to give plenty of room; these flaps were carefully and slowly dissected up, constantly applying the thermo-cautery, as the hæmorrhage was considerable; small arteries were seized with clamp forceps. The growth extended from beneath the lobe of the ear downwards under the angle of the jaw, involving the parotid and submaxillary glands; was adherent to the digastric and sterno-cleido mastoid muscles, the jugular vein, sheath of the carotid artery, and pneumogastric nerve. It included, or was attached to, many arterial and nerve branches, which of necessity had to be severed. After two hours' dissecting, the last attachment was severed, namely, that to the styloid process of the temporal bone. The jugular vein and external carotid artery were tied early in the operation, and after complete detachment was made it was found necessary to ligate the common carotid artery, owing to the profuse hæmorrhage from the many branches which had been severed.

Afterwards the smaller vessels were either twisted or ligated, and finally the oozing, which could not be reached by ligature or controlled by the thermo-cautery, was arrested by pledgets saturated with Monsel's solution. After thoroughly washing out the parts with a 2 per cent. solution of Carbolic acid, and dusting with Iodoform, the cavity was loosely filled with lint saturated with Balsam of Peru, and the edges drawn together with carbolized silk sutures, excepting the transverse incision, which was left open for drainage. At 5.30 o'clock the patient was ready to be transferred from the operating table to her bed, having been under the influence of the anæsthetic four hours and a half.

At 6 P.M.—Temperature, 99.1°; pulse, 104. Nux v.^{3}, half hour.

February 6th, 9 A.M.—Temperature, 98.9°; pulse, 120. Was very sick all night. Ipec.^{3}, one hour.

9 P.M.—Temperature, 99.2°; pulse, 116. Has had a little sleep, and took some beef tea during the day; original dressings undisturbed.

February 7th, A.M.—Temperature, 99.2°; pulse, 102.

P.M.—Temperature, 99.4°; pulse, 110. Rested well last night; no nausea; some thirst. At noon removed the dressings; there was a free discharge of serum, and later a thick pus; redressed with Balsam Peru. Ipec.^{3} continued.

February 8th, A.M.—Temperature, 100°; pulse, 106.

P.M.—Temperature, 101.4°; pulse, 118. Rested some during the past night; was very thirsty; craves ice water; wound douched with 2 per cent. carbolic acid, and dressed as before. Ipec.^{3} continued.

February 9th, A.M.—Temperature, 102.4°; pulse, 146. Was very restless during past night and until 6 this A.M., when she slept half an hour. Very thirsty. A flush appeared, in early morning, upon cheek near wound, and is spreading over left side of face. Wound douched and dressed as before. *Verat vir.*, 4-drop doses in water every hour. 5 P.M. Temperature, 104.2°; pulse, 134. Erysipelas well defined and extending. Wound redressed. Rhus tox.^{3} every hour, four doses. 9 A.M. Temperature, 104.4°; pulse, 142. Swelling and redness increasing. Verat vir.^{0}, four doses, then Rhus tox.^{3} until patient is visited again.

February 10th.—Nurse reports patient having a quiet, but wake-

ful night; craving ice-water continually. The wound is douched and dressed as usual, three times daily.

8 A.M.	Temperature,	101°.	Pulse,	126.
12 M.	"	101.6°.	"	132.
2 P.M.	"	104°.	"	140.
7 P.M.	"	104.4°.	"	142.

A solution of 1 part Iodoform to 9 parts of Collodion was used to paint over inflamed part of face. One application was sufficient to awaken all the rebellious spirit in the patient.

Rhus tox.[3] was continued every hour with Chin. ars.[3] intercurrent every third hour.

February 11th.—Inflammation extending to right side of face. Left eye closed. Calendula, a 10 per cent. solution, now takes the place of Carbolic acid, and pledgets of lint saturated with the same are used instead of Balsam of Peru. The inflamed portions of face are bathed with cranberry-juice, which proves very grateful to our patient, who continues restless, wakeful, and thirsty.

8 A.M.	Temperature,	103°.	Pulse,	140.
12 M.	"	103.5°.	"	140.
6 P.M.	"	105°.	"	146.
10 P.M.	"	105°.	"	140.

Internal medication to-day has been Bell.[3] four doses; Rhus tox.[3] four doses, every hour. At 10, 11, and 12 o'clock she was resting quietly and complained of but little pain.

February 12th.—No sleep after 1 A.M. At this hour:

	Temperature,	104°.	Pulse,	134.
8 A.M.	"	102.2°.	"	130.
12 M.	"	103°.	"	134.
6 P.M.	"	103.8°.	"	136.

To-day the swelling decreased on left side of face, increased on right side; left eye partially open, right eye closed. Has had several naps during the day; head free from pain. Cranberry-juice to face; treatment of wound and medication continued.

February 13*th.*—Passed a good night, having fair amount of sleep and suffering no pain. Right side of face, head, and neck swollen, stiff, and very sore. Complains of soreness of throat.

A.M.	Temperature,	101°.	Pulse,	128.
12 M.	"	105.6°.	"	146.

At this time was noticed to become very drowsy, which continued during afternoon and evening, the temperature and pulse remaining unchanged when taken at 2, 5 and 7 o'clock P.M. At 8 P.M. she roused up, said she was hungry; soreness had left her head, face, and neck; but at the same time she complained of feeling alternately hot and then chilly—not cold; was given hot broth. At 10 P.M., temperature, 102.4°; pulse, 126. The treatment throughout the day unchanged.

February 14*th.*—Desquamation begins, redness disappearing and swelling subsiding.

8 A.M.	Temperature,	102.2°.	Pulse,	126.
12 M.	"	104.6°.	"	136.
6 P.M.	"	103.8°.	"	134.
9 P.M.	"	103.4°.	"	132.

Has slept at intervals during the day and evening, waking refreshed. Continue treatment throughout.

February 15*th.*—Has slept soundly from midnight until 5 A.M. Temperature and pulse unchanged. At 8 A.M. the same. 12 M. Temperature, 101.4°; pulse, 116. Desquamation continues, face looking more natural. At 5 P.M. awakened from a sleep of an hour and a half, restless and flighty. Temperature, 105.6°; pulse, 152; wound looks well, has been discharging healthy pus all along. 9 P.M. Temperature, 105.2°; pulse, 148. Very restless and thirsty. Continue treatment.

February 16*th.*—Patient slept from an hour before until an hour after midnight. Fell asleep again at 1.30; aroused from heavy sleep at 6 o'clock, bathed in clammy perspiration; skin cool. Temperature, 96°; pulse, 98. Can of hot water applied to feet; hot drink. Arsen. alb.^{3i} every hour; after one dose of Camph.$^{\theta}$.

8 A.M.	Temperature,	96.8°.	Pulse,	100.
12 M.	"	97.7°.	"	92.
3 P.M.	"	98°.	"	92.

Has slept for an hour naturally; expresses herself as feeling comfortable.

6 P.M.	Temperature,	99°.	Pulse,	100.
10 P.M.	"	101.2°.	"	108.

Arsen. alb.^{3} 1 hour continued.

February 17th.—Had a sleep of two hours before 1 A.M. Was wakeful until after 6 A.M., when temperature 97.6°, pulse 84; slept then until 8 o'clock, wakened refreshed.

	Temperature,	97.4°.	Pulse,	74.
12 M.	"	98°.	"	76.

Arsen. alb.^{3} continued.

February 18th.—Has had a natural sleep throughout the past night. Temperature and pulse normal during day. Arsen. alb.^{3} continued.

February 19th, 20th, 21st.—Ligature came away from external carotid artery. The case continues to improve from this time on. The ligature of the common carotid was detached, and came away on March 1st, at end of twenty-four days.

The patient left the hospital March 17th, feeling well. A slight oozing continues from line of incision. Calendula, 10 per cent. solution, is still used. Carbolic acid 3^{x}, four times daily, internally administered as an antidote to cancer cell-formation.

Her present condition (March 17th, 1885). Paralysis left side of face and lower eyelid. Functions of body naturally performed. Happy and cheerful.

May 9th, patient writes stating her neck has entirely healed. Feels as if she were gaining a little control over facial muscles of left side. Complains of her breath being foul. June 9th, her letter states continued improvement. Can partly close left eye. Offensive breath continues. Has no decayed or filled teeth. Stomach and bowels in good condition. Tongue clean. July 24th, writes,

can smile on left side of mouth now. Eye closes almost perfectly. Breath still unpleasant. August 26th, all right, but what about this bad breath ?

Can it be caused by the removal of parotid and submaxillary glands ?

Carbolic acid 3^x, three doses daily, still continued.

CALENDULA OFFICINALIS AS A SURGICAL DRESSING.

BY CHARLES MONROE THOMAS, M.D., PHILADELPHIA, PA.

Bibliography. — Dictionnaire Raisonné Universel de Matière Médicale, Paris, 1774. British Journal of Homœopathy, 1847, p. 318 (from N. Archiv, III. Bd., I. Heft.). Transactions Hom. Soc. State of New York for 1867, pp. 28 and 29; 1869, p. 769; 1870, p. 547 and 553; 1871, pp. 280 and 325; 1872, p. 169; 1873 and 1874, p. 403. American Institute of Homœopathy, 1883, pp. 782, 837, and 838; 1868, p. 79. American Hom. Observer, vol. iii., pp. 562 and 477. United States Med. and Surg. Journal, vol. i., p. 121. Trans. Hom. Soc. State Massachusetts, 1875 and 1876, p. 520. Medical and Surgical Reporter, 1868, p. 85. American Homœopath, 1881, p. 54. Trans. Wisconsin State Society Hom., 1880, p. 55. Therapeutic Gazette, vol. —, p. 737. Helmuth's Surgery. Franklin's Surgery. Piffard's Therapeutics of Skin Diseases, 1881, p. 36. Pittsburgh Hospital Cases. National Dispensatory, p. 325. Guiding Symptoms, p. 241. Heinigke's Pathogenetic Outlines, 1880. R. Hughes's Pharmacodynamics, 1880.

I have been led to the preparation of the following notes on Calendula, by certain private criticisms on the part of a number of members of the Society at the last meeting in Pittsburgh, regarding the apparent neglect of this drug by homœopathic operators in the dressing of wounds. It was claimed by them that it had, without cause, been supplanted, in our hands, by the now fashionable so-called germicides.

That Calendula off. has decided healing properties, none can doubt who have ever made trial of it. Its *comparative* value as a

dressing can, however, only be determined by a more careful study of its action than has heretofore been given it by those who have used it, even extensively. It is with this end in view that the accompanying, still incomplete, experiments have been made.

The origin of Calendula's popularity, as a surgical dressing, among homœopathists, would appear to lie in an article published in the *British Journal of Homœopathy*, vol. v., No. 21, 1847, this being a translation of a paper by Dr. Thorer, of Görlitz, in the *N. Archiv*, III. Band., I. Heft.

The writer of this paper reports seven cases of lacerated and contused wounds, most of which ran a very favorable course under a dressing of Calendula.

This writer claims equally good results from a diluted alcoholic tincture, and a watery preparation, or so-called *Aqua Calendulæ*. Among writers of more recent date, the dressing is most praised by Helmuth and Franklin, in their respective text-books, more particularly by the former, who states that he has used it side by side with Carbolic acid, and has found the results in a large porportion of cases favorable to Calendula.

This statement he corroborates in remarks made at the meeting of the American Institute of Homœopathy in 1884, and further, in a private communication to me during the past summer, in which he says: "I have never lost confidence in Calendula. I use it daily, and am particular what kind I get. That procured at the regular stores (old school) is often poisonous, and in more than one instance has ruined an operation." Nor is the use and praise of Calendula confined to members of the homœopathic school. I find highly laudatory articles on "Calendula as a vulnerary" in the *Therapeutic Gazette* and the *Medical and Surgical Reporter*.

Piffard, in his *Therapeutics of Skin Diseases*, says he has, for many years, used Calendula as a dressing for fresh wounds, and in reply to a recent note of inquiry from me, he indicates his decided preference for it as a first dressing after operations.

The most desirable elements to be sought for in any substances adaptable to wound dressing, would appear to be:

1. Power to prevent, or at least retard, putrefactive changes.
2. Little or no poisonous properties.

3. Absence of irritative action on the wound.

4. Absence of disagreeable odor.

That Calendula possesses the last three requisites, no special investigations are required to demonstrate; but as to its power of preventing or retarding putrefactive changes, we have, so far as I know, no positive evidence.

The question then, most important to have decided, is, does Calendula, and to what extent, possess the power of preventing or retarding putrefaction? and, in the light of our modern investigations, does the drug find its healing qualities in any germicidal or antiseptic properties?

In the following experiments, the preparations used were, first, the ordinary tincture, as made by Boericke & Tafel, and secondly, a tincture containing but 10 per cent. of alcohol.

With regard to the so-called *Aqua Calendulæ*, the preparation of which is given by Thorer in the article by him already mentioned, it seems hardly worth while to say anything further, as the specimens made for me by Mr. Tafel, both from the fresh and dried plants, underwent decomposition inside of 48 hours, although tightly corked and kept in a cool place. In this preparation from the fresh plant, I found infusoria within 12 hours after receiving it from the pharmacists.

Test I. Three 2 oz. jars were filled with fresh urine. To the first, a drachm of Calendula was added; to the second, a drachm of the Bichloride of mercury—1-1000—and to the third, nothing. The latter showed signs of decomposition in less than 24 hours, the second in *three days*, and the first in 48 hours. This was repeated several times, with about the same result.

II. A piece of raw beef the size of my thumb, was placed in three ounces of plain water and tightly corked. It became putrid in 20 hours. A similar piece of meat in a solution of 1 part Calendula to 4 of water, was offensive in 48 hours.

The above repeated, using Bichloride of mercury—1-1000 drachms,—showed the meat sweet at end of five days.

III. A small piece of raw meat wrapped in plain cotton, was found decomposed in 20 hours. A similar piece, washed in $HgCl_2$ 1-1000, and wrapped in dry Bichloride cotton, was sweet at the end of 4th day. A similar piece washed in Calendula 1-10, and

inclosed in dry calendulated cotton, was sweet at end of 4th day. This was repeated several times with the same results.

A few days ago, at my request, Dr. Ingersoll, of this city, kindly made a necessarily hurried investigation as to its influence on micro-organisms, the result of which I give in his own words:

"I took six tubes (devitalized) filled with pure veal tea, and introduced some of the pus you sent me. Found them all swarming with long chains of micrococci and masses of bacilli, evidently about the pus-cells.

"Then took six tubes, filled half and half with Calendula and veal tea, and introduced pus as before. Found few (comparatively) chains of two or three or four beads of micrococci, and the amount of bacilli about the pus-cells and in them was much less.

"Took six tubes filled with 25 per cent. Calendula in veal tea, and could find little difference between these and the 50 per cent. tubes.

"The veal tea, boiled for nearly 20 hours, was filtered three times to make it transparent.

"The alcohol was driven off from the Calendula by heat, and the remaining fluid from tincture used.

"All the tubes were in a warm place for 36 hours before opening. Whether the lessened pabulum in the Calendula tubes had anything to do with the restricted growth of the animals or not, I cannot say, but I think not.

"Am of the opinion that the drug has an inhibitory action upon the growth of some micro-organisms."

If it be possible to draw any satisfactory conclusion from the above imperfect experiments, it would appear that Calendula exerts at least a moderate influence on retarding putrefactive changes, and that it may be classed among the antiseptic substances; that is, those which exhibit an inhibitory action on the growth or development of bacteria.

In practice, my experience, though not large, would tend in a general way to confirm this conclusion.

I find that, *cæteris paribus*, wounds treated with it follow a more favorable course than under non-medicated dressings, but in comparison with Corrosive sublimate, Iodine, Iodoform, and even Carbolic acid, the results are decidedly inferior.

My method of employing it has been to thoroughly irrigate the wound during the operation with a watery solution, and after the closure, to envelop the part with absorbent calendulated cotton. Drainage-tubes were soaked in a strong tincture for some time prior to use. I have, on a number of occasions, used for ligatures and sutures a plain catgut soaked for several days in the ordinary tincture.

Prepared in this way, they have so far caused as little irritation and have absorbed as readily as the carbolized gut.

ORTHOPÆDIC CASES.

BY L. H. WILLARD, M.D., ALLEGHENY CITY, PA.

The following cases from the records of the Pittsburgh Homœopathic Hospital embrace those of spinal curvatures in growing children; malnutrition with incipient paralysis and inability to talk in a child two years old; torticollis, talipes varus, with and without tenotomy, and operation for cleft palate. They are given as cases illustrating our treatment in the orthopædic ward, and presented for consideration with a view of soliciting additional reports of operations and experience.

CASE I.—Sarah Donnelly, æt. 3 years, admitted June 2d, 1885.

Diagnosis.—Spinal curvature. About six weeks ago a plaster-of-Paris jacket was applied. She improved since then, but the mother says she is unable to walk and that the jacket gives her pain. On examination the cast is found to be apparently perfect and properly applied.

After two weeks stay in the hospital, the child was discharged, as its condition seemed to be all that could be expected.

September 4th, 1885.—Re-admitted. Seems to be suffering very great pain. Jacket removed, and found in the back a small ulcer which had been produced by irritation from a grain of corn which had fallen between the jacket and the back. Child bathed and ulcer dressed.

September 13th.—Plaster-of-Paris jacket applied.

September 16th.—Child quite comfortable. Can walk without assistance. Discharged.

Some fifteen cases have been treated in this manner. They were all children under fourteen years of age. Application was made according to the plan of Sayre.

Sometimes grains of corn, buttons, and other articles would drop down between the jacket and body, producing pain. The jacket would then be removed and renewed. None were allowed to go more than three months without removal. All the cases have improved.

Case II.—Willie Kinney, æt. 2 years, admitted October 7th, 1884. Is unable to stand or even sit erect. There is total absence of control over the muscles. The muscular development is quite large, but there is no firmness or solidity about the tissue. Child cannot walk or talk. ℞. Calc. phos.^{30}, 3 hours.

The back is to be rubbed night and morning, using a saturated solution of salt in alcohol. He is to be kept perfectly quiet on his back for two and one-half hours each night and morning.

From October 7th to November 11th, 1884, this treatment was continued, with a marked improvement in his general condition, but he was still unable to stand alone. At this time, the remedy was changed to Nux vomica 3^{x}, the adjuvants being continued.

December 12th.—Internal medication was stopped. Attention for the next six months was paid principally to massage and friction. Very great improvement was the result, the muscles becoming much stronger and more firm.

At the end of April, 1885, application of electricity was commenced. He could then sit up and appeared better in every way.

July 23d, 1885.—Shows improvement. ℞. Causticum^{30} t. i. d. Electricity and massage on alternate days.

In August, it was noticed by Dr. Martin that the prepuce was very much enlarged and seemed to annoy him. Circumcision was performed. At the present time he is able to sit erect and appears quite strong and bright.

Case III.—Maggie Green, æt. 9 years, admitted July 15th, 1885.

Diagnosis.—Torticollis. The head is drawn very much to the left and cannot be straightened under an anæsthetic.

Operation.—The sternal and clavicular attachments of the sterno-cleido-mastoid muscle were severed, and the head drawn into nor-

mal position by means of a head bandage and straps reaching to a bandage about the body.

August 13*th.*—Discharged. Cured.

CASE IV.—Willie Griffin, æt. 7 years, admitted December 10th, 1884.

Diagnosis.—Talipes-equino-varus, both feet being affected. Muscular development of the legs is very poor. A very aggravated case of talipes presented. The palmar surfaces of both feet are turned so that the child walks on the dorsum of the feet. The tendons and fasciæ are very much contracted.

Treatment.—Manipulation, with application of saturated solution of salt in alcohol.

December 13*th*—*Operation.*—Divided palmar fascia and tendo-Achilles of right foot and by forcible extension placed in comparatively normal position.

The palmar fascia only of the left foot divided. Lateral splints and firm bandage applied.

December 18*th.*—Applied Barwell's apparatus.

January 5*th*, 1885.—Doing very nicely, but feet have a tendency to turn inward. Applied to palmar surfaces small boards cut the shape of the sole of the foot. Re-applied apparatus.

January 22*d.*—Feet still deformed. Divided plantar fascia of both feet and kept in position by adhesive straps.

February 9*th.*—Some improvement. Applied brace shoes. Feet to be rubbed with the alcohol solution, and have switching and massage daily. Also alternate bathing with hot and cold water.

March 14*th.*—Slight improvement. Brace shoes tightened. Other treatment continued, with the addition of electricity daily.

May 14*th.*—Only slight improvement noticeable. Palmar fasciæ again divided and feet straightened by means of adhesive straps to almost normal position.

May 19*th.*—Somewhat better. To-day applied plaster-of-Paris shoes. After these became hard they were cut so that they could be removed and treated locally as before. Treatment continued until June 25th, when the child was removed from the hospital.

Up to the present time manipulation and massage have been continued with marked improvement, so that he can now walk

with both feet in a normal position. The muscles have developed and the cure is nearly completed.

CASE V.—E. H. Voltz, æt. 1½ years, admitted August 9th, 1885.

Diagnosis.—Talipes varus. Child is apparently in good health; appetite good; muscles soft and flabby, no firmness in them. Both the feet are deformed, turned in, and heels raised. Do not resist manipulation; can easily be brought into normal position.

Treatment.—Bandage to keep feet in position. Electricity and massage on alternate days.

August 13th.—Feet are so soft and fat that the bandage fails to keep them in position, to-day a strip of adhesive plaster with eyelets in the lower side was applied to the outer side of the leg at the knee. A similar piece was fastened to the foot and then connected by a broad rubber band which draws the foot into position.

August 25th.—The above arrangement served its purpose for a time, but it was impossible to keep the adhesive strips from slipping. To-day a splint made of binder's board was applied to the foot as follows: First bringing the foot into position and then moistening the board it was moulded accurately to the foot. Retained in position by roller bandage.

This, when dry, was removed, the splint lined with cotton batting and re-applied. Thus the foot is kept in position. These bandages and splints are to be removed daily and the feet manipulated. On each alternate day electricity is to be applied.

September 7th.—Feet are kept in good position by the side splints which are removed each day, and electricity and massage applied.

September 17th.—Feet much improved. Treatment continued.

CASE VI.—Mary Klaus, æt. 21, admitted July 21st, 1884.

Diagnosis.—Cleft palate. The cleft involved only the soft structures. To-day Dr. Caruthers operated. Without an anæsthetic, the edges of the cleft were pared, after which anæsthesia was produced and silk sutures applied. On the sixth day, the sutures were removed. All of the cleft had healed except the lower portion where the sutures cut through. Another was applied with perfect success.

August 21st.—Discharged. Cured.

These cases came under the care of Drs. R. E. Caruthers, W. J. Martin, and L. H. Willard, orthopædic surgeons to the hospital.

REPORT OF THE BUREAU OF GYNÆCOLOGY

Was presented by the Chairman, Dr. C. H. Hofmann. It embraced the following papers:

Cases of Laceration of the Cervix, by J. H. McClelland, M.D.

Some Indications for the Use of Convallaria in Gynæcological Practice, by B. F. Betts, M.D.

The Use of the Cotton Packing in Uterine Diseases, by the Lehigh Valley Homœopathic Medical Society.

Fifteen Months' Work in Ovariotomy in the Pittsburgh Homœopathic Hospital, by C. H. Hofmann, M.D.

A Case of Button-Hole Operation, by C. H. Hofmann, M.D.

A CASE OF BUTTON-HOLE OPERATION.

BY C. H. HOFMANN, M.D., PITTSBURGH, PA.

The button-hole operation, or vaginal cystotomy, lies on the border line between surgery and gynæcology, but as it is mainly treated of in text-books on gynæcology, notably Emmet, it is reported under this bureau.

Mrs. G., æt. 40. Soon after her last confinement four years ago, began to have pain on micturition. After this had continued about a year, concretions of triple phosphate began to appear. Despite the efforts of excellent physicians of both schools, both in Philadelphia and Pittsburgh, the pain on micturition grew worse and the concretions larger. She would be compelled to get up every ten or fifteen minutes during the night.

These concretions, some half an inch long, would often become impacted in the urethra, and she would spend half the night digging them out with the fingers. Her husband informed me that on one occasion when summering in Delaware, twelve miles from the nearest physician, such a calculus became impacted near the orifice of the urethra, and he was compelled to dig it out with his penknife in order to give his wife relief.

I first saw the case in the middle of October, 1884. She was thin and haggard from suffering and loss of sleep. Appetite only tolerably fair; tongue red and dry; urine passed very frequently, a few drops at a time and very ammoniacal in odor. There were always sandy particles passed and often larger concretions. The button-hole operation was proposed as a means of removing the calculi from the bladder and giving it rest. This was joyfully accepted by her.

On October 22d, 1884, she was anæsthetized and placed in the lithotomy position; the perinæum was retracted with a Simon's speculum, and the grooved sound introduced into the bladder. The whole trigonum was now in full view and an incision was made in the median line, large enough to receive the button. The finger was introduced through the incision into the bladder and the concretions, which seemed to line the entire mucous membrane and adherent to it, were scraped off. The bladder was then copiously irrigated with a weak solution of Carbolic acid.

Not having one of Emmet's glass buttons, I had made by a jeweller a button of silver heavily gold-plated, according to the same dimensions. This was then introduced, and the patient put to bed until she should recover from the effects of the Chloroform.

She was given instructions to irrigate the bladder thrice daily with water at a temperature of 106°. During the day she wore a rubber urinal and at night lay on a rubber bed-pan.

Two weeks after, the opening in the button having become almost occluded by firm concretions, it was removed for cleansing. In the interval of two or three days the wound had become almost closed, and it was again enlarged sufficiently to receive the button. After this there was no further trouble from concretions, and the patient had no more pain.

In about two months the button was removed, and the button-hole remaining open it was not again inserted. The patient was continuously on Benzoic ac.[3], excepting occasionally when she had spasmodic contractions of the bladder, for which she received Nux.[6]

At present she has gained greatly in flesh, sleeps the whole night, and suffers no pain. The artificial vesico-vaginal fistula has not yet been closed, but will be soon.

CASES OF LACERATION OF THE CERVIX AND PERINÆUM.

BY J. H. McCLELLAND, M.D., PITTSBURGH, PA.

For want of something better, and as Dr. Hofmann, my colleague on the gynæcological staff of the hospital,* has prepared a paper on the ovariotomies of the year, I have asked Dr. Wilson, the resident surgeon, to give me notes on the cases of laceration—cervix and perinæum. These cases have all occurred, I believe, during my service.

CASE I.—Mrs. M. F., aged twenty-three. Diagnosis: Ruptured perinæum; second degree. This patient is the mother of two children, and has suffered from prolapsed uterus, with all the attendant symptoms of backache, dysuria, and other abdominal symptoms.

April 17th, 1884.—Made an Emmet's operation, using silk for the deep sutures, and catgut for the vaginal and superficial ones. Operation followed by no bad symptoms, and she was discharged cured May 17th.

CASE II.—Mrs. L. M., aged twenty-seven. Diagnosis: Bilateral laceration of cervix uteri. Since birth of child five years ago has never been well. Her various pelvic and reflex distresses were traced to this laceration, which was deep, with the usual abrasions and hypertrophy of tissues.

Operation April 10th, 1884. Considerable difficulty was experienced in this case, as the uterus was anchored by adhesions, the result of pelvic inflammation, thus making it difficult to reach. Numerous deep and superficial stitches were introduced, catgut being used. After the second day warm water douches, with Carbolic acid or Calendula, were employed daily. Discharged cured, May 2d.

CASE III.—Mrs. M. M., aged forty. Diagnosis: Ruptured perinæum, with complete procidentia. This condition dates back eighteen years, and has gradually become aggravated until now the limit of endurance has been reached. The uterus and adjacent tissues, including an immense vesicocele, were enormously hypertrophied, with abrasions and ulcerations.

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* The Homœopathic Hospital, Pittsburgh.

These tissues were crowded back into the body and the patient put to bed for two weeks. Douches of carbolized water and Calendula were ordered twice daily.

June 4th, 1884.—Operation for the restoration of the perinæum was made. Rectal and vaginal sutures of catgut were used, and silk for the deep perineal ones. Patient catheterized thrice daily, and douches twice a day after the second day. No rise of temperature followed.

June 16th.—Removed three of the stitches.

June 18th.—Bowels moved with enema.

June 30th.—Wound healed perfectly. All remaining stitches removed.

August 9th.—Discharged cured.

CASE IV.—Mrs. E. H., aged thirty. Diagnosis: Bilateral laceration of cervix, with rupture of perinæum, third degree.

The above lesions were the result of severe instrumental delivery one year ago.

November 7th.—Operation on cervix. Silk sutures were used, six on each side. This was followed by rapid and complete union. Hot-water douches daily.

November 24th.—Operation for restoration of perinæum. Catgut was used for the vaginal and rectal sutures, and silk for the perineal. For the burning and smarting following this operation Staph.[3] was given, and for febrile symptoms Bell.[3], which relieved promptly. After the usual course the patient was discharged cured, December 15th.

CASE V.—Mrs. C. B., aged twenty-seven. Diagnosis: Bilateral laceration of cervix, and ruptured perinæum, third degree. The usual history attaches to this case, and the condition of prolapsus uteri, with other concomitants, rendered the patient's life miserable.

November 22d, 1884.—Operation on cervix performed, as in other cases, with good result.

December 12th.—Made the Simon operation for restoration of perinæum, using catgut and silk. No untoward symptoms occurred, and on December 25th stitches were removed.

December 31st.—Discharged cured.

CASE VI.—Mrs. E. T., aged twenty-eight. Diagnosis: Laceration of perinæum, third degree. From a severe labor several

years ago, there remains a ruptured perinæum, complete, and extending an inch and a half up the recto-vaginal wall. The whole pelvic contents are prolapsed, and there is entire loss of retaining power in the rectum. Has had three ineffectual operations performed—not in this hospital.

December 17th, 1884.—Operation for restoration of perinæum was carefully made, uniting rectal and vaginal mucous membranes with catgut, while perineal sutures were of silk. A douche of 2 per cent Carbolic acid lotion was employed daily, and the catheter used every eight hours.

December 25th.—Perineal stitches removed. It appears the union has not been complete.

January 12th.—A careful examination shows, that while the perinæum is nearly complete the recto-vaginal stitches did not hold, leaving an opening the size of a dime.

January 17th.—Discharged much improved, and will return for another operation.

CASE VII.—Mrs. J. D. B., aged thirty-seven. Diagnosis: Ruptured perinæum, with prolapsus uteri. This accident happened in childbirth, ten or twelve years ago, and has been much aggravated by repeated miscarriages since.

December 31st, 1884.—Simon's operation was performed, and the subsequent treatment conducted as in other cases noted.

January 18th.—Discharged cured.

CASE VIII.—Mrs. M. B., aged thirty-eight. Diagnosis: Lacerated cervix, with enormous hypertrophy.

History.—Last child born fifteen years ago. Since, has had four miscarriages. Suffers great pelvic distress, and from very profuse menstruation. The lips of the cervix were very large, hard, and flaring; depth of the uterine cavity, 4½ inches. Amputation was done by the scalpel, making a double flap, *i. e.*, taking out a wedge-shaped piece from each lip, uniting with many silk and catgut sutures. The bleeding, although great, did not embarrass the operation much, owing to the constant flow of water which was employed to keep the surfaces clear. Daily douches were employed, and the wound healed kindly. The menses coming on two weeks after the operation, the stitches were not removed until the twenty-second day.

February 10th.—Discharged cured.

CASE IX.—Mrs. L. E., aged thirty-six. Diagnosis: Lacerated perinæum, first degree.

February 2d.—Edges were pared and united with silk sutures. Daily douches, night and morning.

February 13th.—Stitches removed and union found complete.

February 28th.—Discharged cured.

REMARKS.

As I was announced for a paper on sutures, I will take occasion to refer to the subject as applied to the above cases. Formerly it was the special aim of the surgeon to introduce as few sutures as possible, in order to effect a reasonably good coaptation. It was thought that a large quantity of suture material would not be tolerated by the tissues, and, that it was further undesirable, as strangulating many points of tissue. This was a plausible theory, but the facts suggest a very different conclusion. In the above cases, sutures, whether of silk, catgut, or wire, were freely used. The tissues were thoroughly whipped together, with both deep and superficial sutures, and this thorough stitching of the parts together, made plain the fact, that not only was union more probable and complete, but this bandaging of the tissues down with the uniform pressure of many stitches, actually prevented strangulation, by preventing the bulging of tissue between, as would be the case with more sparsely placed sutures.

In the amputation reported, some thirty sutures were introduced in the cervical stump, and the writer has seen Martin, of Berlin, put forty odd sutures in one cervix.

If the materials are perfectly aseptic, it is surprising the amount the tissues of the body will tolerate. Further than this, I am convinced that the tough fibrous tissues of the cervix require many points of suture in order to secure a good union.

Much benefit is derived in this class of cases by the free use of hot-water douches, medicated with Calendula, Borax, Hydrastis, or Carbolic acid. The writer is not sure that it is a good plan to keep the knees of such patients too constantly bound together, for in addition to the discomfort produced, this practice certainly has the effect of preventing free drainage from the vagina.

SOME INDICATIONS FOR THE USE OF CONVALLARIA MAJALIS IN GYNÆCOLOGICAL PRACTICE.

BY B. F. BETTS, M.D., PHILADELPHIA, PA.

Although we recognize in the gay and gaudy tiger lily the ladies' friend, it is not generally known that the modest lily of the valley, so generally admired by the fair sex, may carry with it also a "benison of healing" to many suffering from the diseases peculiar to women, yet from the provings of the fluid extract of the flowers, published in the May number of *The North American Journal of Homœopathy*, for 1883, we can have no doubt of its utility in cases characterized by the symptoms there recorded.

In the hands of old-school practitioners it has been only used as a "cardiac tonic." I have used it in cases of pelvic congestion due to or associated with uterine displacements, and attended by *sore, aching pain in the lower part of the abdomen*, with or without oppression in the chest and palpitation of the heart. The soreness is continuous and worse from motion; even breathing aggravates, and so does coughing or laughing. After miscarriages, and sometimes after surgical operations upon the pelvic viscera, patients have complained of soreness and aching in the hypogastric region and been relieved by this remedy in the third decimal dilution.

Mrs. C. had a hernial protrusion in the right inguinal region, in which she had experienced sore, aching pains for many years. Convallaria relieved her of the pain permanently, although the hernial protrusion was not entirely reducible, on account of the firm adhesions of the sac-walls. A case of marked anteflexion of the uterus, with sterility and extreme pelvic sensibility, with soreness in a very nervous patient, subject to palpitation of the heart and oppression of the chest, with a feeling of fulness in the abdomen, as if she was filling up, with dyspnœa, was relieved by this remedy very promptly upon two occasions, after other remedies had failed to be of service. Upon one other occasion, however, the Convallaria was administered without any marked improvement. Deep-seated pelvic abscesses have formed in this case, and it has been a very difficult one to cure, on account of an inherited tendency to tuberculosis.

Pain and soreness, associated with areolar hyperplasia, have been benefited by this drug in many instances.

Some of the symptoms produced by the Convallaria suggest its applicability to cases requiring treatment for after-pains following parturition, but I have had no experience with it on this line. We find recorded the following: Bearing-down pains at intervals like labor-pains, in the abdomen and in the lumbar region; labor-like pains, extending along inner side of right thigh; pain commencing in anterior part of the abdomen on right side, as in second stage of labor, but extending up higher; sleepy between the pains—feels "all tired out;" pulling, as from a cord, running from the sacro-iliac region to the inguinal region, worse on the right side.

In gynæcological practice we can make use of it for the following symptoms besides those already mentioned: Feeling as if the uterus had descended and pressed upon the rectum, causing a very hard aching pain in the rectum and anus, which is continuous; flatus becomes incarcerated in the rectum; dull aching or sore feeling in the lumbar region; faint feeling from slight cause; sleepy and all tired out; mental depression, great prostration, and dull feeling in the head; mind wanders from the subject in reading. For these symptoms, I should prescribe it with confidence, when there was present the sore, aching feeling in the lower part of the abdomen.

The pains in the pelvic region are aggravated from motion, sitting up straight or leaning back; ameliorated by bending forward when sitting. Pains are also relieved when lying on the back, but then there is a sensation as if a fœtus of 8 months was kicking in the abdomen. There is intense itching at the vaginal orifice, with hyperæmia, but no eruption; this may be relieved by cold water. As Convallaria produced glycosuria in the provers, the pruritus may have been caused by the sugar in the urine, a source of itching which should never be overlooked.

For pregnant vomiting, Convallaria may be required; it produced nausea when raising the head from the pillow in the morning, relieved by vomiting a clear substance tasting like phlegm.

On account of the similarity of action, we may compare this drug with the following, viz.:

Lilium tigrinum,—which acts also upon the female generative

organs and upon the heart, depressing the action of the latter organ and producing pelvic and uterine congestion.

Both have depression of spirits, distension of the abdomen, and pressure upon the rectum, symptoms which are often found with chronic uterine derangements, and associated with cardiac irritability and palpitation. With Lilium, however, the bladder is often implicated, inducing frequent urination with pain. The left ovarian region is affected the most, whilst Convallaria seems to affect the right side. In both, the pains may radiate into the thighs. The cardiac pains of Lilium are mostly confined to the left side of the thorax, whilst the pain seems to *begin in the right thoracic cavity* and *go into the left* from Convallaria. Both have pruritus, and Lilium has some of the soreness of the hypogastrium, but this is most marked *after* the menstrual period in the latter remedy. Nux, Lil., and the Convallaria all produce marked rectal distress, with urging to stool, and all may often be called for in prolapsus and other uterine displacements. Nux has the soreness and distress in the abdomen higher up than we find it in Convallaria. The tenderness and soreness which is so marked in Nux is about the umbilical region and in the epigastrium.

Puls. has the sensation of rawness, heat, and soreness in the region of the bladder, with either retention of urine or spasmodic pain in the neck of the bladder after micturition.

Both Convallaria and Arnica must be good post-parturient remedies. Arnica has the tenderness and soreness of the uterine region, but may find a successful rival in Convallaria for the cure of this symptom as well as the attendant after-pains, as has already been suggested. As Arnica produces but little pain in the uterine region, in gynæcological practice I have not found Arnica relieve the bruised, sore feeling which prevents erect walking as quickly as the Convallaria.

We may also compare with this drug several other remedies, amongst which we might mention Actea rac., Sepia, Sulph., Mel cum sale, etc.

THE USE OF THE COTTON-PACKING IN UTERINE DISEASES.

BY W. A. HASSLER, M.D., ALLENTOWN, PA.

In the last five or six years I have used cotton-packing in the different uterine troubles (which I shall hereafter mention) to the full satisfaction of myself and my patients.

The cotton-packing carefully used has been the means in my hands of curing a great many of the different uterine troubles that a gynæcologist will meet in his practice.

My mode of applying the cotton-pack is to make small cones of cotton, saturate them with whatever medicine the person wishes to use or the medicine indicated for the disease. I use a Sims' speculum, and fill the vagina solid with these cones of cotton.

The vehicle is generally Glycerin. Medicine is added according to the judgment of the physician and the disease which he is about to treat.

The packing of the vagina with cotton is at first sight very simple, but to do it satisfactorily, will take some practice, that is it should be so packed that pressure should be equal on all sides.

In hypertrophy of the neck of the uterus, I have found nothing better than one part of Alum to sixteen parts of Glycerin, used with the pack. The packing to be left for a period of two days, and repeated weekly. The same in inflammation of the womb and vagina, adding Belladonna.

I received the greatest benefit from the use of Glycerin and Eucalyptus with the cotton-pack in laceration of the cervix uteri with ulceration, in preparing the parts for an operation.

In retroversion, anteversion, and flexion of the womb, also in prolapsus, I use the pack in preference to a pessary, to keep the parts in position while treating the same. The Glycerin will relieve inflammation and congestion.

In dislocation of the ovary, with tenderness, I have found great relief and sometimes cures by the use of the pack.

In cases of pelvic cellulitis, with infiltration where absorption is sluggish, I have used the cotton-pack with Glycerin and Hydrastis

or Calendula with better results than any remedy that I have ever used, or seen suggested by any author that I am acquainted with.

In non-puerperal lymphangitis the pack of cotton has in my hands worked very great changes in from four to five weeks where other remedies and means have failed.

In cervical dysmenorrhœa I use Glycerin with Caulop. thal. or Viburnum opulus, commencing two days before the period. I have made cures with this application, and where no cures were effected I can always give great relief.

In threatened abortion or miscarriage I use the pack with Secale corn. or Caulop. thal., or sometimes even Morphia sulph , and have bridged over the critical period and the woman went to full term.

In vaginal leucorrhœa I have used the pack with Hydrastis and such other indicated remedies with Glycerin with the most happy results. The same with cervical inflammation and leucorrhœa. I have used Puls. and Glycerin and other remedies, and have made cures in a shorter period than from other treatments that I formerly employed.

In gonorrhœa of the female I have used Glycerin, with Boracic acid and Carbolic acid on the cotton, and a cure was complete in much less time than when injections were used singly. The packing has to be repeated daily.

Whenever this treatment is employed, the woman should take to her bed after the packing is introduced, and stay there until removed. Always after the packing is removed, warm water injections should be ordered three times a day.

This may look to a homœopath to be poly-pharmacy, but I assure those that make diseases of women a specialty, that the use of the cotton-pack has helped me in curing my patient more quickly, and when I advocate this treatment in the different diseases mentioned, I do by no means discard the selected remedy for each individual case.

Some would say that the proper remedy selected would cure without the pack. I will say to them that I can make a cure in much less time by the method described with the selected remedy than by any other treatment that I have used in twenty years' practice.

FIFTEEN MONTHS' WORK IN OVARIOTOMY IN THE HOMŒOPATHIC HOSPITAL, PITTSBURGH.

REPORTED BY C. H. HOFMANN, M.D., PITTSBURGH, PA.

The reports of these cases of ovariotomy are condensed from the hospital records. They extend from May 7th, 1884, the date of the first operation, to August 1st, 1885, the date of discharge of the last patient. All of the operations were performed with the assistance of the surgical staff of the hospital, to whose valuable services Dr. McClelland and myself render acknowledgment.

CASE I.—*Double Ovariotomy.*—Service of Dr. J. H. McClelland. L. M——, single, æt. 30, slender build. History of pelvic distress, such as dysuria, pressure on rectum, constipation, and sensations of weight and bearing-down, dating back several years. Gradual enlargement of the abdomen during the last year. A diagnosis of ovarian tumor was easily made out.

Admitted May 5th, 1884, having been under Dr. McClelland's care for some months previous, securing partial relief from dysmenorrhœa and other distressing symptoms.

May 7th.—The abdomen was opened, and the ovarian cyst having been emptied in the usual manner, it was removed. The pedicle was ligated in sections with carbolized silk, cut short, and dropped into the belly.

The other (left) ovary was found to be cystic and much enlarged. To prevent future trouble this was also removed, the pedicle being treated in the same manner as on the other side.

The operation was done under the spray and every antiseptic precaution observed. Over the antiseptic gauze a plentiful covering of surgical cotton was laid, and the whole secured with broad adhesive strips. The anæsthetic was Squibb's ether.

Nausea and vomiting were very persistent during the evening and night following the operation, but slightly relieved by Veratrum alb^{6x}. Temperature slightly subnormal, with cold sweats. On the second and third days nausea and vomiting continued, with temperature and pulse but little above normal. Having had no sleep, and hoping to control the vomiting, a hypodermic of mor-

phia was administered with the effect of procuring a good night's rest.

On the fourth day vomiting returned and was relieved by Ipecac. Temperature, 99.5°; pulse, 86. There was no further difficulty save from the gastric disturbance, which persisted for several days longer until finally relieved by Arsen. The temperature never rose above 99.5°, and on the eighth day the stitches were removed, the wound having healed. The patient was discharged in good health, June 5th, less than a month after the operation.

It may be remarked that although both ovaries were removed, menstruation was resumed after the third month, and has recurred ever since—over a year.

CASE II.—*Left Ovarian Double Cyst.*—Service of Dr. J. H. McClelland. S. M. L——, single, æt. 30, school teacher, and of large, fine physique. Admitted May 8th, 1884.

The operation was performed at once; a double cyst was found; it was evacuated and removed through the six-inch abdominal opening. Silk ligatures were used and the pedicle cut short and dropped. Chloroform was used, and the succeeding nausea was much less than in the preceding case.

The next day the temperature reached 100.5°, and the patient complained of pleuritic pains. This was the highest temperature attained. ℞. Bryon. For a cough Sticta was given, and for cold sweats Merc. sol.

The sutures were removed on the seventh day, the wound having healed by first intention. Discharged on the 23d day.

Menstruation was resumed at the second month, and was much less painful, and her general health has remained perfect.

CASE III.—*Left Ovarian Cyst.*—Service of Dr. J. H. McClelland. H. S——, single, æt. 43. Large and rather fleshy, with thick abdominal walls.

This patient had been under treatment since April 2d, 1884, for various complaints including pains in the left ovary extending down left thigh and leg; producing at times lameness. Dr. McClelland made out with difficulty an enlarged ovary, and proposed its removal. June 7th the abdomen was opened and a semi-solid ovarian tumor was uncovered, about the size of a small cocoanut. It was adherent to the bladder and intestines, and its walls were

found to be friable. Owing to the thickness of the abdominal walls, the adhesions and subsequent bleeding were not easily managed, but its successful removal was finally accomplished.

Silk ligatures were employed and Ferrum persulph. was carefully used to stop the oozing. Chloroform was the anæsthetic used, and the subsequent nausea was not persistent. ℞. Arnica^{6x}.

June 8th.—Temperature 100.6° which was the highest reached. Sutures were removed the seventh day, healing by first intention. Although well over the operation by the end of three weeks, this patient remained in the hospital until July 23d.

Menstruation was not interrupted. Since the operation many of the sciatic pains and reflex nervous and gastric symptoms have disappeared.

CASE IV.—*Left Ovarian Cyst.*—Service of Dr. C. H. Hofmann. C. G.——, married, æt. 53, admitted October 9th, 1884.

About a year before this she noticed a tumor in the left side, which, however, gave her no inconvenience. Nine months ago she began to have pain in the back and swelling of the abdomen. She was also troubled with flatulence which made the abdomen feel very sore. Further than this there was no difficulty, except that she could not eat much as it made her feel too full.

Two weeks ago was taken with a pain in the left side radiating over the abdomen. She kept the abdomen warm, as it relieved the pain somewhat.

By palpation, the abdomen showed a circumscribed tumor about 9 or 10 inches in diameter, extending to within 3 inches of the ensiform cartilage. Walls seem movable over tumor.

October 11th.—An incision was made from the umbilicus to the pubes. The sac of the tumor was very tough, but there were no adhesions. Pedicle was about 4 inches wide and attached to the left side of the uterus. The pedicle contained some very large vessels, and this, with the thickness, made it difficult to ligate. There was considerable oozing after the application of the ligature, but this was finally overcome by the application of the actual cautery searing the stump black. No spray was used, but the other antiseptic precautions were observed.

There was little or no nausea, and the stitches were removed on the tenth day. Highest temperature reached was 100°.

Discharged October 28th, on the 17th day.

CASE V.—*Left Ovarian Cyst.*—Service of Dr. C. H. Hofmann. C. L——, married, æt. 25, admitted March 10th, 1885.

Had noticed a swelling in left ovarian region for some time past. She first noticed this after an abortion, when she found she did not regain her natural size. The tumor gradually enlarged, until now she is as large as if in the beginning of the eighth month of pregnancy.

March 19th.—The tumor, springing from the left ovary, was removed without any special incident. The stump was ligated, seared, and dropped.

There was considerable nausea for several days, which was best controlled by drinking hot water with a pinch of salt.

Stitches were removed on the tenth day. Highest temperature recorded 100.2°.

Discharged April 2d, the fourteenth day after operation. She became pregnant and aborted at two months in the middle of July.

CASE VI.—*Multilocular Cyst of Left Side With Firm Adhesions.*—Service of Dr. C. H. Hofmann. H. H——, æt. 42, married, admitted July 14th, 1885.

The patient first noticed the enlargement of her abdomen in August, 1883. There was no pain at that time. A pessary was introduced by an old school physician in April, 1884, but it caused her so much pain that it was removed a day or two after.

Soon after she was tapped by the same physician, since which time this operation has been repeated twice, the last time in August, 1884. She had a continual metrorrhagia at first, but this was relieved by the tapping, returning, however, in June last. She had no pain till four weeks ago. This pain was in the left hypochondriac region, and was of a stitching character, worse on breathing, coughing, etc.

There was present on her admission great loss of flesh and strength; tongue red and cracked; no appetite; great thirst; could eat only a little at a time, and this was frequently vomited. She had also sour eructations after eating ℞. Arsen.^{6x}.

July 16th.—The patient was anæsthetized and the incision made in the usual manner from the umbilicus to the pubes. On intro-

ducing the hand into the abdominal cavity extensive adhesions were encountered, and these, together with the fact that the tumor extended to the ensiform cartilage, compelled the enlargement of the incision until at last it reached from the ensiform cartilage to the pubes. Extensive adhesions, both recent and old, were found over the whole anterior surface of the tumor. Some of these, being divided by the hand, bled freely and had to be seared with Paquelin's thermo-cautery, others were dissected off by the same means—*i.e.*, using the thermo-cautery as a hot knife.

During this stage of the operation the patient sank, and the pulse and breathing became imperceptible, but artificial respiration, hot bottles to the feet, and hypodermic injections of brandy, revived her.

The pedicle was ligated and the stump seared and dropped; the abdominal wound was closed by means of twenty-five sutures.

The growth was multilocular and had very much the appearance of a bunch of grapes, the cysts ranging from the size of a man's head down to the very smallest. Some of these cysts contained partly fluid and partly clotted blood, others a straw yellow, and still others a white limpid fluid like water. The tumor with all the larger cysts evacuated weighed 12½ pounds, and it was estimated to weigh 40 pounds in its original condition.

The patient slept some during the night, and towards morning had some nausea which was relieved by the hot salt water. She was given Calendula[1x] in teaspoonful doses for the double purpose of the action of the Calendula and the stimulating effects of the alcohol. There was some burning along the line of the incision, but the Calendula relieved this very nicely.

She was kept on liquid diet for the first 5 or 6 days. She was catheterized every 4 hours, and whenever flatulence appeared, the rectal tube was used. The temperature never ran above 100.2°, except on the 18th, when it rose to 102.2°. The window had been up during the night, and she had evidently caught cold, as she complained of sore throat and headache. Bell.[3x] was given, and under it the temperature came down in two days to normal.

July 22d, the stitches were removed, and she sat up the next day. From this time on, she had a voracious appetite. She would

eat five or six times a day, and digest it too, showing that it was Nature's effort to recuperate from the long starving.

She was discharged August 1st, 1885, 16 days after the operation.

DISCUSSION.

Dr. L. H. Willard opened the discussion by remarking that Dr. Henry N. Guernsey was the first one to use Calendula in the hospitals of Philadelphia. A soldier who had been drinking very heavily was brought to Dr. Guernsey. The man's arm had been torn out at the shoulder-joint some time before. The wound was sloughing, and was in a state of decomposition. It was dressed with Calendula, one teaspoonful to the pint of water. The man stayed in the hospital two weeks, and then eloped, and in that time the wound had commenced to heal from the edges. The bottom of the wound was perfectly healthy. The action of Calendula in that case was marked indeed, and was more gratifying than anything else Dr. Willard had ever seen used. Since then he had used it with great success. The solution should be prepared fresh every day.

Dr. Joseph C. Guernsey said that his father used Calendula very largely, and, he claimed, with good results. He believed that it lessened the degree of scarring.

Dr. J. H. McClelland believed that Calendula acts by virtue of its power to correct morbid suppuration as a medicine. He did not believe that it is an antiseptic in the common acceptation of the word. A germicide must be some chemical preparation and poison that will kill animal life. Now, Calendula, as used in the dilute form, may have most excellent effect, but, as commonly used and recommended, he thought that we were all of the opinion that it has no poisonous effect on even germ life. Alcoholic preparations may, if strong enough, have germicidal properties, because we all know that alcohol is a germicide. That the plant calendula was a germicide Dr. McClelland could not believe. He did believe, however, that it was an excellent remedy where suppuration is not going on in a perfectly normal manner. In some cases it corrects putrid discharges, but it does not do so as a germicide.

Dr. B. W. James thought that Calendula had some very slight

antiseptic properties. He took exception to Dr. McClelland's assertion that a germicide must be a chemical, as we have some vegetable remedies having such properties.

Dr. John C. Morgan drew attention to the remarks of Drs. McClelland and James, who spoke of germs as if they were animal life, when in reality they are vegetable life. On the subject of Calendula, Dr. Morgan said that in his early homœopathic experience he used it considerably, but he found that, on receiving some sent him, it consisted merely of the petals of the flowers. The rest of the flowers was lacking. The thought that all Calendula was of that quality tended to turn him against it. He afterwards procured some from a medical friend of his own preparation. This consisted of the garden marigold. Dr. Morgan put these in a jar with some alcohol. He used some of that tincture as a local application in a case of gun-shot wound, and obtained a most excellent result. He now believes Calendula to be as good for lacerated wounds as Arnica for contused wounds. It promotes healing without suppuration.

Dr. W. R. Childs had been in the habit of using Boericke & Tafel's preparation of Calendula. He insists upon having the solution freshly prepared. He always leaves the tincture with the family, with full directions as to how to mix it for each application.

Dr. Charles M. Thomas thought that there was some misunderstanding respecting his methods of using the drug. The gentlemen who have thus far spoken on the subject emphasize the importance of mixing the Calendula at the time of application. He himself had never heard of its being used in any other way. He referred to the preparation of Calendula without alcohol when speaking of its decomposition with rapid formation of infusoria. One authority claims that the Calendula water is just as effectual as the alcoholic preparations, and he claims that it is only necessary to keep it in a cool place, and it is always ready for use. That, Dr. Thomas claimed, was untrue. He took the greatest pains in the preservation of the watery preparation, and yet in the course of a few hours it showed signs of decomposition. Wherever he had used Calendula it was prepared at the time of application. With reference to the matter as to whether Calendula is an antiseptic, or as to how it acts, he confessed himself as much in the dark as

before he experimented. As to how it acts, he did not know. That a drug or material to act as a germicide must be a chemical or poison he did not believe. Take, for instance, Eucalyptus, which acts as an antiseptic and as a possible germicide; so with Peruvian balsam. Boracic acid is a chemical, but is not poisonous. It is not necessary that a drug shall be a chemical or poison to be a germicide. It is not necessary that it shall be a germicide to be effectual as a healer. It should be an antiseptic. Calendula may act in some unknown manner in the way of healing, and there is this point to be brought up. It is known more or less as a homœopathic application, and we ought, therefore, to get out of it all that there is in it. It is only by careful investigation that we can get all. The relating of cases of wounds healed under Calendula amounts to nothing. Wounds heal without any dressing. In reference to this matter there is this point to be borne in mind, and this applies to all other germicides. Most of the experiments have been made on dead matter. Lawson Tait, in his recent work on ovariotomy, in speaking of antiseptic surgery, refers to that fact. He is an opponent to the method, and has the best results of any living man. On the subject of ovariotomy Dr. Thomas said there was one question which he would like to see brought out, and that is the nausea after the operation. A number of remedies have been mentioned as having relieved the patient, salt water, various drugs, and morphia injections. He would like to know if any one present has had any satisfaction in the treatment of nausea after ovariotomy. He himself had met with but little success, notwithstanding that he had tried almost everything recommended. He had taken the totality of the symptoms in his cases, and had prescribed the similimum according to the best of his ability, and yet had failed to convince himself that the treatment had accomplished anything.

Dr. W. R. Childs asked if Dr. Thomas had tried Apomorphia.

Dr. C. M. Thomas had used Apomorphia. One or two cases appeared not to have so much vomiting after chloroform. Keith says that the vomiting is worse after chloroform than after ether.

Dr. J. H. McClelland did not see how Calendula could act as an antiseptic, keeping germs out of a wound, if it could not keep itself twelve hours. Respecting the nausea after ovariotomy, he

thought that he had found excellent effects from copious draughts of slightly salt water. It seems to be that the nausea is partly caused by the acrid state of the secretions of the stomach, and that the draughts of hot water with a small pinch of salt have had slight effect. He had tried Apomorphia with partially good result. He believed that the vomiting has thus been lessened, that is to say, it amounted only to nausea instead of vomiting. Dr. Thomas speaks of the free use of the ligature, but he (Dr. McClelland) believed that we could do better if we used the cautery in the position of these adhesions. In the wonderful case of ovariotomy of Dr. Hofmann, the adhesions were to the liver, the actual cautery was thoroughly applied to these, and the result was good.

Dr. H. Knox Stewart said in one case he had given a lady ——— three times a day, and there was no nausea.

Dr. C. H. Hofmann said that it often happened when no remedy was given no nausea appears. In Case IV. the patient had no nausea. In Case V. the nausea was persistent. In Case VI. there was a spot on the parietal peritoneum as large as a silver dollar that was seared black with the cautery, and on the other side there was a spot about the same size, where it was dissected off by the hot knife. There was no bleeding and no peritonitis. He used the ordinary commercial Calendula flowers and the infusion made from them. When, in cases of laceration of the perinæum, the parts feel sore, the infusion is ordered to be applied locally.

Dr. Aug. Korndœrfer asked if any gentlemen had used, for the nausea after ovariotomy, any of those remedies having nausea from ovarian irritation, such as Sepia.

Dr. Charles M. Thomas had used Sepia in one case, and there seemed to be some effect, but he could not be certain of it.

Dr. Joseph C. Guernsey suggested Cocculus as a remedy for nausea after ovariotomy.

Dr. John C. Morgan referred to the fact that years ago he had recommended Natrum mur. for the nausea of pregnancy when the patient seem to be run down.

REPORT OF BUREAU OF PÆDOLOGY

Was presented by the Chairman, Dr. C. S. Middleton. It embraced the following papers:

Belladonna and its Allies in the Treatment of Children, by Edward Cranch, M.D.

Pertussis, by Samuel F. Shannon, M.D.

Care and Feeding of Infants, by C. S. Middleton, M.D.

Exudative Laryngitis, by C. Van Artsdalen, M.D.

BELLADONNA AND ITS ALLIES IN THE TREATMENT OF CHILDREN'S DISEASES.

BY EDWARD CRANCH, M.D., ERIE, PA.

For children, Belladonna is of the utmost utility, as the wide range of its action shows, namely: On the head and all the organs of sense; on the throat and the whole circulatory and digestive apparatus; on the skin and all the excretory organs; and on all nervous and muscular activities.

Being so very useful, it is very important to note the boundaries of its action, and the object of this paper is to show briefly some of those boundaries as observed and verified in the writer's practice.

Belladonna should not be given to children when the temperature of the skin is normal, nor when the pulse is quiet, nor when the sleep is normal.

In Teste's *Materia Medica*, he quotes an observation of Hufeland's, to show that *idiots* are not affected by Belladonna to any appreciable extent. The present writer has had no opportunity to test the action of the dynamized drug on any idiot, but will look for the chance and report accordingly.

If the child is delirious by night and dull by day, it is probably a Belladonna case, but if dull at night and actively delirious by day, the case will more likely call for Hyoscyamus, Opium, or Stramonium.

Belladonna *head* cases complain chiefly of the frontal region, and

are apt to keep the head in motion. Reverse conditions call more for Agaricus, Bryonia, Silicea.

Belladonna patients like the head cool; Silicea patients want it wrapped up as warm as possible.

Belladonna in meningitis is to be carefully compared with Glonoinum, Gelsemium, Bryonia, Rhus tox., Argentum nitricum, Apium virus, and Nux vom.

In sunstroke, our drug compares well with Glonoin. and Verat. viride.

In the eye, the symptoms that call for it are rarely present in childhood, except as a result of falls or blows on the head, when it comes in well with Arnica and Cicuta.

Congestion of the ears, with earache or deafness, is well met by Belladonna except when suppuration has started, or when the pain is *continuous*. It acts well on the glands near the ear and below the ears, especially with humming noises.

In all head symptoms, the Belladonna type is congestion, and its chief allies are Bryonia, Cicuta, Glonoinum, Argentum nitr., Borax, Silicea, Aconite, Veratrum viride, and Ferrum phos.

In the nose, we have epistaxis, and acute or imaginary smells, but slight *catarrh*.

In the face, we have bluish-red, erysipelatous, swollen, and *rapidly changing* appearances. Neuralgia is rare in children, and creates a suspicion of onanism! The lips and mouth are much affected, but always in the way of active congestion.

The throat is red, generally dry, always hot, and exquisitely painful. Throat symptoms that are like those of Bell. are found with Merc. sol., Phytolacca, Tarentula, *Cubensis*, Arg. nit., etc. Belladonna throat symptoms always change rapidly and crave cold water; yet there is an aversion to drinking.

The stomach symptoms are slight in importance, but the bowel symptoms are marked, chiefly, however, in adults.

With children, we note the discharge of scentless flatus, and occasionally fruitless tenesmus, with or without colic. The urine is very dark if scanty, and very pale if profuse. Nocturnal *enuresis*, when the sleep is restless with sudden starts. (Agaricus, if twitching of single muscles.) The respiration is oppressed, quick, or unequal, often spasmodic, as in whooping-cough.

The cough symptoms are entirely subordinate to the general symptoms that are so well known; the fever, with very hot skin, and no desire to be uncovered, but yet with rapid changes of state, and dislike to be touched.

Borax is almost identical with the fever and wakefulness, but dreads to be laid down; cries as soon as the nurse starts to put it down. This has been verified over and over again, when in every particular, except the crying on lying down or rocking, Bella. seemed indicated.

In chorea, trismus, and tetanus, this writer has not yet used the drug under consideration, although it is well recommended, but it has seemed that in such diseases Arsenicum, Causticum, Tarentula, Ignatia, and Hyoscyamus are oftener called for.

It remains to speak of two conditions in which Belladonna is always first thought of,—convulsions and scarlet fever. It covers more cases of these than any other one remedy, besides being a positive preventive, in most cases, of scarlet fever.

Its chief limitations in convulsions are that it is only useful in full-blooded subjects and acute cases. Its allies are Ignatia, Calcarea, Nux vom., Cupr., Cicuta, Glonoinum, etc.

In scarlet fever, it need not be given if the sore throat be putrid, or the eruption dusky or very pale. It is ably seconded by Bry., Ailanthus, Phytolacca, Sulph., etc.

Teste, in his chapter on Belladonna, does not handle its relations as ably as he does those of his earlier groups, and though he assigns it a front place with children, afterwards nearly ignores them in the further consideration of the subject.

The treatment of children without Belladonna would be unsatisfactory work, but future study will show that it has many allies.

WHOOPING-COUGH.

BY S. F. SHANNON, SEWICKLEY, ALLEGHENY COUNTY, PA.

Tussis convulsiva, pertussis, and whooping-cough are the various names applied to a convulsive cough, consisting of a series of forcible expirations, followed by a deep, loud, sonorous inspiration,

and repeated more or less frequently during each paroxysm, occurring usually in childhood, and rarely more than once in the same individual, and continuing several weeks.

CAUSES.—There is no known specific cause to which it is attributable; in all probability atmospheric influences are the exciting causes. It is a contagious disease, either directly or indirectly communicable from one person to another.

The period of incubation is supposed to be about ten days.

SYMPTOMS.—Those of the simple form are similar to those of an ordinary catarrh, with little or no fever. There are coryza, nasal secretion; cough which is more or less severe, but at this stage not spasmodic; frothy and watery secretion from the bronchi, lassitude, restlessness, and slightly decreased appetite.

After a period of one or two weeks the cough becomes louder and more prolonged than an ordinary cough, and usually becomes spasmodic. The coughing spells occur in paroxysms. During these paroxysms the body is bent forward, and a series of short, very rapid and violent expirations occur, and, continuing, the face becomes suffused, and respiration seems almost to have ceased, when a deep, loud, prolonged, and crowing inspiration occurs. At the end of the attack, a quantity of semi-transparent, glairy, and very tenacious mucus is emitted from the mouth, either with or without vomiting. Later, the mucus is more opaque and less tenacious, and vomiting occurs less frequently.

It is during this period that the peculiar sounds which accompany the cough subside, and frequently are entirely omitted from some of the attacks, the cough finally losing its special character.

In mild cases, the disease soon terminates, but in more severe cases there is great exhaustion, and defective appetite, unusual sensibility of the stomach, so that vomiting occurs often from apparently insignificant causes.

There is, in the majority of cases, little or no fever, although the heart's action is increased at the commencement of the paroxysms.

The skin is usually soft, and at the end of the paroxysms bathed in perspiration.

Hæmorrhage from the nose is a frequent attendant upon the severe paroxysms.

The paroxysms generally occur most frequently during the day, and are especially so during, or immediately after, a meal, when the stomach is full, and the action of the diaphragm interfered with. Crying is apt to cause a paroxysm.

In mild cases, children between the attacks enjoy their usual health, and run about and play, but in severe cases the face, after a spell, remains suffused, the eyes injected, and the surrounding parts swollen.

The loss of strength is proportionate to the constitution and age of the child, the vomiting, and the duration and violence of the disease.

In ordinarily mild cases, the catarrhal symptoms last two or three weeks, the spasmodic cough three to four weeks, and, after the spasmodic symptoms have passed away, and the cough becomes catarrhal again, the duration of the disease is short.

* COMPLICATIONS. — These are of two classes, namely: when whooping-cough supervenes upon a disease already existing, and complicates it; and second, when the whooping-cough is the primary disease, and the other disease arises in its course. Those of the first class are almost innumerable; the second class comprises diseases of the lungs, diseases of the brain, infantile remittent fever, and vital exhaustion.

The pulmonary complications are: Congestion of the lungs, emphysema, atrophy, bronchitis, and broncho-pneumonia.

In all severe cases of whooping-cough, there is always a certain amount of congestion of the lungs. It is due, perhaps, exclusively to interference through the respiration with the pulmonary circulation, and is one of the sources of danger attendant upon the disease.

In the degree in which it becomes a complication, the dyspnœa is increased, and continues during the intervals; suffusion of the face is more marked, the pulse is more feeble and rapid, and exhaustion is greatly increased.

Empyema is a frequent concomitant of the severer forms. Its production is mechanical, and occurs from forcible compression of air in the lungs while an obstacle is opposed to the egress of the air. This condition increases the dyspnœa, and renders it permanent in proportion to its extent.

Bronchitis and broncho-pneumonia are the most frequent and fatal lung complications of this disease. In both there are evidences of fever in the varying degrees of heat and dryness of the skin, and in the rapid pulse, both during the spasms and in the intervals. Cough is more frequent and the dyspnœa more permanent. Discoloration of the face, difficulty in speaking, and panting respiration are more perceptible as the complication is severe.

The brain complications are convulsions and hydrocephalus.

Convulsions usually occur in children who are teething, or suffering from derangement of the bowels.

Hydrocephalic symptoms are often obscure at first, but the occurrence of drowsiness, headache, starting in sleep, convulsions, increased heat of the skin, increase in pulse, photophobia, and in others persistent vomiting, whenever moved, will cause us to look for this important complication.

Diagnosis.—The distinguishing symptom is the paroxysms of spasmodic cough with the well-known whoop.

Prognosis.—In our prognosis, we must be guided by the fact, that a favorable termination depends on the strength and age of the patient, the severity of the spasm, and the presence of particular complications.

Occurring in infants less than four (4) months of age it is liable to cause head symptoms, and if it occurs in adult life, it is liable to leave chest complications.

The occurrence of head symptoms, attended by convulsions or paralysis, renders the prognosis unfavorable.

When extreme exhaustion is present, without apparent cause, we should be careful of the prognosis.

Treatment—Hygienic.—This is of the greatest importance, and by careful attention to its details, complications may frequently be avoided. Patients suffering from whooping-cough should be properly clad, and great care should be exercised to prevent indiscretions in diet. The clothing should be warm, and during the cold weather, flannel should be worn next the skin. During damp weather the patient should be kept in the house, and also during the intense cold in winter, but in cases occurring in the summer, the patient should be kept out of doors as much as

possible. The diet should be light and wholesome; heavy rich food being strictly forbidden.

Change of air will be found useful in most cases, but above all the air in the vicinity of gas-works and lime-kilns is recommended. When convulsions arise the patient should have the hands and feet bathed in hot mustard-water, and receive the homœopathically indicated remedy.

REMEDIES.—Of the many remedies found in the various homœopathic works, there are a few which will be found specially serviceable in this disease so trying to children. These are:

Arnica montana.—Paroxysms are excited by a creeping in the trachea. Cough dry, often with expectoration of frothy blood mixed with coagula, or of badly-tasting slime, which the patient has to swallow. During the coughing spells, he places his hands on the chest. Cough worse at night until midnight, worse from motion, warmth, and after drinking (better from a sup of cold water, *Caust.*).

Arsen. album.—Clear, ringing, crowing, or whistling cough, excited by burning in throat and trachea, as if from vapor of sulphur. Expectoration of scanty frothy mucus in daytime. Before the paroxysm, the face is pale and cold, there is vomiting of food and drink. During the paroxysms the face is puffed and blue, there are nausea and retching. The paroxysm is followed by sweating.

Belladonna.—Cough worse at night in quarter-hourly paroxysms. Cough has a rough, barking, hollow tone; is excited by tickling in the throat as from down, or as if the larynx was constricted. Little or no expectoration. Worse just after midnight, from touch, especially of the throat. Crying before coughing. Photophobia. Suitable at beginning, or later, where there is cerebral congestion. Involuntary micturition.

Bryonia.—Child coughs almost at once after eating or drinking, and vomits what has been eaten, then returns to the table, eats, and again vomits. Cough excited by tickling in throat and stomach. Expectoration in the morning and during the day. Stitches in chest, liver, and abdomen. Soreness of ribs as if beaten.

Causticum.—Unceasing short hollow cough, excited by mucus in the throat. Expectoration only at night, easily dislodged, but

cannot be discharged. Worse from warmth, cold air, or in a current of cold air. Waking out of sleep.

Cina.—Violent periodically recurring paroxysms, excited by sensation of down in the throat, and by adherent mucus in throat, in morning without, in evening with, expectoration of a slimy, whitish, tasteless substance, detached with difficulty. Obstinate children with black hair and black eyes. Before attack, hunger, bellyache, puffy diarrhœa, itching at anus. During fit, loss of consciousness, pale face, cold sweat on forehead, suffocation, rigidity of body. After attack, vomiting, difficult deglutition, clucking in abdomen.

Coccus cacti.—Suffocative cough, with expectoration of much tough, ropy, white mucus, which accumulates in chest and throat, is hard to raise, causing nearly strangulation and vomiting. Worse at night on entering a warm room from the open air; *cough worse on awaking*, which racks the whole system. Head aches as if it would split; face purple. Protracted bronchial catarrhs after whooping-cough.

Corall. rub.—Fits of violent spasmodic cough, commencing with violent gaspings for breath, and continuing with repeated crowing inspirations until he grows purple and black in the face, and is quite exhausted. Worse in latter part of night, and mornings. Larynx and trachea more involved than chest. Throat and chest very sensitive to any change of air. Loss of appetite. Vomiting of tough, ropy, stringy mucus.

Cuprum met.—Cough occurs in long uninterrupted paroxysms, which last until the breath is nearly exhausted; excited by mucus in trachea and spasms in the larynx. Cough is dry in evening; expectoration in morning scanty, and of mucus, with dark blood, with an offensive taste and odor. Fits occur every half hour to two hours, worse by eating solid food, inhaling cold air, by bending the body backwards; *better by swallowing cold water.* Before attack, alternation of gayety and depression; during fit, pale sunken face, blue lips, frothing of mouth, retching and vomiting. Spasms beginning at fingers and toes; stiffness and rigidity of whole body. All the senses oversensitive. The remedy "*par excellence*" for convulsions occurring during whooping-cough.

Drosera.—Cough in periodically returning paroxysms, and con-

sisting of quickly succeeding barking coughs, not preventing recovery of breath. Excited by sensation of dryness, or of feathers in throat. Expectoration only in the morning, consisting of yellow bitter mucus, which the patient has to swallow. Worse after lying down and after midnight, by laughing, singing, or weeping.

Ipecacuanha.—Violent, shattering, hollow coughs, following each other in quick succession, and not permitting of the recovery of the breath. In morning, expectorates some light red blood mixed with mucus, of a sweetish putrid taste. Gastric disturbances. Tendency to hæmorrhages. This remedy, given in a low potency, will be found to loosen up the phlegm and prevent the nausea and vomiting, and thereby prevent the great loss of strength which attends upon so many cases.

Mephitis.—Cough, inclined to hoarseness, often of a croupy character, without being dry; mucous râles through upper portion of lungs. Complete suffocative feeling, he cannot exhale. Vomiting worse hours after eating. Bloated face, convulsions. Cough and vomiting worse at night.

Phosphorus.—Useful when, towards the end of whooping-cough, the disease threatens to take an unfavorable course. Hollow, hacking, spasmodic tickling cough, excited by tickling in throat. Much hoarseness, soreness, and tightness in chest.

Pulsatilla.—In the beginning cough loose, worse toward evening. Mucous sputa, of a putrid flat taste, only in daytime. Vomits mucus after every paroxysm.

Tart. emet.—Spasmodic coughs, following each other in quick succession, excited by creeping and tickling in larynx and trachea. Frequent vomiting. Paroxysms of suffocation, and great difficulty in recovering the breath. Cough is worse after warm drinks, and in damp cold air.

Verat. alb.—Deep, hollow, ringing cough, seeming to come from the abdomen. Expectoration in daytime of yellow tenacious mucus of a bitter, saltish, or sour, putrid taste. Worse on coming into a warm room from the cold air, from getting warm, from damp cold weather, and from eating or drinking cold things.

Other remedies, which will be sometimes found useful, are: *Ambra grisea, Calc. carb., Cepa, Chamomilla, Ferrum met., Hepar*

sulph., *Hyos.*, *Kali bi.* and *carb.*, *Lobelia*, *Lycopodium*, *Nux vom.*, *Rumex*, *Sepia*, *Silicea*, *Spongia*, *Sulphur.*

THE CARE AND FEEDING OF INFANTS.

BY C. S. MIDDLETON, M.D., PHILADELPHIA, PA.

Regard for the best interests and comfort of an infant should begin immediately at its birth. That this is too often neglected is apparent. It should be laid in as comfortable a position as possible on the right side, being careful to allow free access of air as fresh as the condition of the room will permit.

The face, eyes particularly, should be gently cleansed of the secretion and discharges that may surround them, and the mouth and nose cleared of mucus, etc.

This should all be done while paying due regard to the circulation and respiration of the child, and at the same time without neglecting the requirements of the mother.

Dividing the cord without ligation and allowing the consequent hæmorrhage to cease spontaneously, has been advocated for a long time and practiced by many, but whether it has been followed by the advantages claimed, we believe has not yet been definitely settled.

The writer followed that course for several years, but he is not able to add any testimony to its advantages or otherwise, except where the cord has been left without ligation, when secondary hæmorrhage has been known to occur.

When the cord shall have been properly ligated and severed (and this should seldom be done until pulsation has ceased, the exceptions being chiefly in case of asphyxia of the child and hæmorrhage or other disasters affecting the mother), the child should be wrapped in a blanket, or other suitable warm article, and laid upon the bed or in a crib on the right side; invariably refuse to allow the nurse to hold it and coddle it up in her arms. As "first impressions are the strongest," the babe should be impressed that to lie on a mattress, wrapped warmly, is its first duty.

The physician's care will be needed almost universally during

the first cleansing or washing, as some of those whose duty it will be to perform this office go through with it as though the poor little scared creature was a soiled floor, and they were about to use energetic measures with a scrubbing brush. By such rough usage, I have seen infants' eyes badly bruised and have seen them otherwise maltreated. On the other hand, it is very necessary that the eyes should be thoroughly cleansed by the application of lard gently rubbed around them, and as gently wiped off by a soft linen or muslin cloth.

After all the folds of the body are as properly cleansed, the bathing should be of short duration; usually much too long a time is expended in this whole process, as the exposure of the child is often uncomfortable, to say the least, and dangerous in many instances.

It will now be necessary to see that the babe is not made uncomfortable by tight bandaging and dressing, thereby often causing colic or distress in breathing. Now a very important event is about to follow, which is too often neglected by both the nurse and doctor, and that is to *not* give the infant any food by the spoon or otherwise until after it has been applied to the breast. When infants are slow to nurse it is often necessary to make them take nourishment by pouring it on to the nipple, so that they can be taught by that means, and be supplied with nourishment at the same time. It is scarcely necessary to refer to the advantages to be derived, both by the babe and by the mother, where this care is not overlooked.

With few exceptions we should stand firm in our efforts to have mothers nurse their offspring, as too many are opposed to doing so on the grounds of personal convenience, which is a great mistake in more ways than one. Frequently we find a want of proper attention to cleansing the babe's mouth, whereby aphthæ are likely to follow and illness result.

A source of trouble is frequently brought about by carelessness in bathing an infant, entirely too much time being consumed in the operation, and either the babe is exposed too long in a room too cool, or the nurse will place herself in such a position before the heat that discomfort or illness is the result. An infant should be quickly washed with a soft sponge or linen, paying most attention

to the folds, like the axilla, groin, etc., then put into a bath and quickly rinsed off, then wrapped in a blanket and dried by gentle rubbing with a soft towel. The whole operation should not occupy more than five or eight minutes. When local cleansing has been properly attended to, there is no necessity for keeping a child exposed so long every day, without clothing, for the purpose of bathing.

A very important item in the list of requirements of the physician is to inquire into and examine the condition of the navel.

Upon inquiry, we are often told that it is "all right," and at a subsequent period we are required to apply a compress for incipient umbilical hernia. So also do we require to look after a sore or ulcerated umbilicus, as this condition is often the cause of infantile trismus. When clothing is fastened too tightly it may not only become a cause of discomfort and superinduce crying, but it has a tendency to produce inguinal hernia of itself, and to greatly increase that tendency when the child cries from any cause.

Great care is often needed to prevent excoriation, which is frequently due to the acrid nature of the discharges and perspiration, often to uncleanliness, and frequently to thoughtlessness or want of care in washing and rinsing soiled napkins. For this purpose strong alkaline soaps should be avoided, and thorough cleansing of the articles required.

Many mothers complain to us of the constant attention their infants demand of them, at night particularly. If a child has been sufficiently fed on being put to bed, it is within the province of the mother to teach the babe, no matter how young, that it shall not be constantly draining the breasts, and consider itself comfortable only when lying with the nipple in its mouth. Such a course is not only prejudicial to the health of the child, but it is also wearing upon the strength and vitality of the mother. One great source of annoyance in this regard is where a child is allowed to sleep in the bed with the mother. This should never be permitted, for reasons which are palpable to all, as the infant's comfort and health cannot as well be maintained, and there is always danger to the child of suffocation, or, to avoid such a catastrophe, the mother's sleep must be more or less light and broken.

Our care should be extended to children when taken into the

open air in their coaches, as we frequently see them wheeled along with their eyes, either awake or asleep, exposed to the bright glare of the sun. This is undoubtedly more or less injurious. Another point in connection with children's "outing" is, that they are frequently seen running along the damp pavement with the thinnest soled shoes, while, perhaps, the attendant has thick-soled shoes, if indeed she do not prove to have on rubber overshoes.

Children frequently suffer from the process of teething much more than we suppose, and lancing the gums becomes a necessity; but it is as much of a mistake to lance them *unnecessarily* as it is not to do it at all. The excessive irritation and inflammation sometimes causes a sac of effusion over the tooth, which should at all times be opened down to the crown of the tooth; and other instances occur where much relief may be afforded by separating the overlying tissue when it is put upon the stretch severely, and becomes very sore and sensitive.

That which gives us the greatest amount of trouble, however, and which is followed by the greatest amount of suffering and disaster, is the loss or absence of the natural nourishment.

The necessity for artificial feeding has given rise to a corresponding supply of a great variety of substances, but none of these will completely supplant or fill the place of good mother's milk. Ordinary cow's milk with the various dilutions, alterations, and combinations with milk-sugar, arrow-root, barley-water, etc., becomes an experiment in each individual case. Some infants are unable to digest or assimilate cow's milk in any form. Condensed milk, however, will probably agree with a greater number than any other kind, but it must not be given in too great quantities, while the excessive sweetening which some of the brands possess is objectionable. There are several brands, however, which are free from this objection. Milk seems to be the food from which we should expect the best results, and consequently much labor and skill has been expended upon this article. As a consequence, a process of peptonizing has been devised, which prevents, in a measure, excessive curdling in the stomach. This process is produced by the use of Pancreatin and Pepsin and heat, and the use of a small proportion of Bicarbonate of soda to neutralize acidity.

Theoretically, this is a very essential process, and practically, it has been very successful in some instances in the writer's hands. It requires great care on the part of the nurse in preparing it, and if too much is prepared at one time the milk becomes unfit for use on account of the difficulty of restraining the peptonizing action, when the milk becomes bitter to the taste.

Our books are full of directions for feeding infants, based upon physiological laws, which are sound doctrines; but they cannot be carried out universally, as every child requiring artificial feeding becomes an experimental case until one has succeeded in finding just the right food for it. The writer has frequently succeeded with the old-fashioned "pap" when milk foods disagree, even in children who have not yet commenced teething; but it is necessary to have it thoroughly boiled for about two and a half or three hours.

But there is no substitute for the loss of a babe's natural nourishment comparable to replacing it by breast milk furnished by some one else who *has* the proper supply, both quantitative and qualitative.

There is much sentimental objection to this course, which should not for one moment weigh against the suffering and risk of life of any child.

The objections which may be raised on the grounds of health of the nurse are comparable only to those which may affect the mother. Therefore the several points which should be considered in selecting a breast nurse are: 1st. Healthfulness. *a*, as regards specific disease; *b*, as regards scrofulous or other constitutional diseases; *c*, general health. 2d. Age of the supply offered. This point may vary considerably, say from two to four months either way, without materially hazarding our object, although milk that is too old when given to a very young babe will not always answer. 3d. Age of nurse. A nurse who is well advanced in years, and who may have had numerous children, is not always the best for this business. Of course the habits and associations of breast nurses should be carefully looked after, and where they are married it is necessary to know that pregnancy has not taken place at any time during their service. As a rule, young women furnish the best supply and quality of nourishment.

The writer has, whenever it was possible to do so, advocated the use of breast nurses, and has the satisfaction of knowing that he has been the means of saving lives that would otherwise have been sacrificed; although he has met with many difficulties, yet in no instance does he remember a case in which he would recall the prescription had he the chance.

It would not be difficult to cite a few cases of recent occurrence, where children have been snatched from the jaws of death—at the point of complete starvation in its horrible development—only by this course, but it is unnecessary to occupy more space in this paper. Suffice it to say that it is surprising that physicians of this country are so apathetic upon a subject of so much importance.

Our death rolls every summer are laden with evidences that many hundreds of fond parents' little ones are taken from them, that the precious lives of those who should be the men and women of the future are sacrificed, in some instances to prejudice, and a blank not only in the home circle has been left, but a void in the general family community that can never be filled.

EXUDATIVE LARYNGITIS—MEMBRANOUS CROUP.

BY C. VAN ARTSDALEN, M.D., ASHBOURNE, PA.

It has been, and is still a question for discussion, and the discussion has become serious, whether the disease, "membranous croup," has a separate existence, or is a part of that equally dreaded disease diphtheria. Some authorities claim that croup and diphtheria are not only partially related, but are one and the same disease; the symptoms of either disease are very alarming, and there is great similarity in the local lesion, but a great difference in cause. Can we not have a fibrinous inflammation without the presence of diphtheritic poison? Have you not all seen cases of membranous croup, or this fibrinous inflammation arise idiopathically?

In membranous croup we have a disease sthenic in character at the commencement, slightly, if at all, contagious; the larynx and

trachea are the parts first attacked, the tendency to spreading not very marked; it is most common during the second year of life; rarely do we see it after the fifth; more frequently in boys than in girls. We seldom have croup (membranous) twice in the same patient; when it does recur, generally of a much milder type than the first, paralysis is not a sequel. Now in diphtheria, we have a disease of an asthenic type from the very beginning. The exudation spreads rapidly upwards and downwards, affecting the tonsils and pharynx first. A disease epidemic and eminently contagious. Paralysis is a very common sequel.

The distinctive lesion of membranous croup, as before stated, is the exudation of a sticky, or rather gluey, adventitious membrane of fibrinous matter, upon the mucous membranes of the larynx and trachea, often extending down the bronchi.

We first notice the sufferings of our little patient, commencing as an acute laryngitis, with a full, strong pulse, and increased respiration. The general symptoms are sthenic, more or less dyspnœa, due to the narrowing of the laryngeal orifice; is sometimes sudden, most times it is preceded by a cold, running at the nose, some feverishness, thirst, with hoarseness. The child, if young, will rub its throat, but if able to speak, will complain of sore throat. The first stage may last from twenty-four to thirty-six hours; the symptoms are then marked by the second stage, the cough becomes harsh or brassy, the breathing is hard and has the peculiar sound characteristic of the disease, with a prolonged inspiration; the symptoms are generally better in the morning. The affection is usually several days in attaining its maximum stage of severity; the case will now go steadily on from bad to worse, until suffocation becomes more and more imminent, and if relief be not afforded, there is a general decline of the vital powers, owing to the patient fast becoming asphyxiated, and passing, finally, into a comatose state, from which it is impossible to arouse.

The duration of an attack of croup is variable, it generally depends on the strength of the patient; averaging from two to five or six days.

The chances of recovery are generally against the patient, but under energetic homœopathic treatment, severe cases may and do recover; yet statistics tell us that more than two-thirds of all the

children attacked die. When we find in the early part of an attack free expectoration, the breathing not embarrassed, but remaining free, slight hoarseness, or tendency to return to the natural voice, we would think favorably of the case. If there is great difficulty in breathing, high fever, much hoarseness, very little expectoration, these are very grave symptoms, and the patient will in all probability die.

The most important of all is, how shall we treat our cases, that we may save the most little lives? We do not, as a general thing, get our call until the exudation has formed. After the membrane is formed I proceed, with most of my cases, by trying to hasten the casting off through favoring suppuration in the parts by the aid of heat and moisture, applied in the hot pack to the neck, by the inhalation of steam, to which is added tinct. of Iodine, Sanguinaria canadensis, or by means of spray Copaiva, Ipecac, etc. Internally, the properly selected homœopathic remedy. Lastly, tracheotomy may be resorted to as a means of preventing imminent suffocation; by removing the obstacle which prevents the admission of air into the lungs, it may prolong life sufficiently to allow something more to be done.

THE BUREAU OF PATHOLOGY

Reported with two papers, as follows:

A Special Cause of Intestinal Obstruction and Fæcal Vomiting, by John C. Morgan, M.D.

Idiopathic Abscess of the Brain, by A. R. Thomas, M.D.

A SPECIAL CAUSE OF INTESTINAL OBSTRUCTION AND FÆCAL VOMITING.

BY JOHN C. MORGAN, M.D., PHILADELPHIA, PA.

Early in August, 1885, I was consulted by a married octoroon woman, about 32 years of age, for pains in the left iliac region, remaining after a miscarriage two months previously, and since treated by an allopathic physician. She had also, in January last,

a six months' birth. *Nux vomica* proved curative; but a few days later, being slightly constipated, she took a dose of Castor oil, which being followed by obstinate vomiting, and renewed pain and tenderness of the lower belly, I was sent for. The prescription of *Puls.*, and later *Rhus*, was followed by relief, except of the vomiting, which was renewed by every kind of ingesta, but the fæcal element was not suspected, owing to the fact that the evacuations were promptly removed—another illustration of the necessity of physicians *always* requiring their exhibition. After several days, whilst I was sitting by the bedside, a gush from the stomach revealed the truth, and this, taken with the continued constipation, recalled the remark of the late Dr. Paul B. Goddard, of Philadelphia: "When there is fæcal vomiting, I instantly ask, 'Have you a lump in your groin?'" I sought for hernia, but found none; nor was there any reason to imagine one *within* the cavity of the abdomen, nor volvulus, nor intussusception, either.

Remembering that I had previously found the uterus large, soft, and flexed to the right side, as well as prolapsed, and that pressure of this organ upon the rectum is a common cause of constipation, I examined her per vaginam. The touch astonished me. Only the lower cervix was distinguishable, and with the hand externally, a huge soft-solid mass was made out, occupying the superior strait of the pelvis, and much of its cavity, most on the left side, feeling to the finger within very much like the buttocks of a descending child.

Two lesions might, respectively, cause such an accumulation within the short period since my former examination, which, of course, excluded any new growth, viz.: pelvic cellulitis, and pelvic hæmatocele. Against the former was the absence of tenderness, pain, and fever. In favor of the latter was the sudden formation of the mass, with the probable exciting cause, a miscarriage at the end of the third month, with the remaining stretched state of the vessels on the left side of the flexed and softened womb, etc. Position of the body did not alter that of the tumor; hence, of the two varieties of hæmatocele (of Quain),—1st, the intra-peritoneal, or retro-uterine; 2d, the sub-peritoneal, or peri-uterine or interstitial, properly called "pelvic thrombus,"—the latter was accepted as the exact form of pathological change to be overcome. This determined, the indication for anti-hæmorrhagic measures was clear.

Elevation of the hips, cool air, quiet, and the internal use of certain drugs were then prescribed. For twenty-four hours she took, hourly, *Hamamelis* 3d (dissolved pellets); the tumor had then abated one-fourth, but she was very weak and restless, and, the weather being hot, she desired to be constantly gently fanned. Loss of fluid as a cause, with the other symptoms, now demanded *China* 200, every hour. After a day, the blood tumor having subsided three-fourths, as shown by digital examination, it was administered every 2d hour. The constipation was overcome before morning, and an exhausting diarrhœa took its place, which was relieved by two doses of *Arsenicum* 200, given "after each loose stool." Later in the day, digital examination per vaginam, together with the hand upon the hypogastrium, proved the entire re-absorption of this pelvic thrombus; and the fact of its being a cause of ileus, probably oftener than we could have suspected, *a priori*, was also established. No mention of this fact is to be found in medical literature, if the silence of Hicks and Durham in Quain, and other modern authorities, signifies anything; but since this case is now upon record, it must henceforth be counted among the causes, in women, at least. Even among men it seems quite possible that interstitial hæmorrhage and thrombus may arise from violence, or the local treatment of piles, etc., with similar intestinal obstruction.

IDIOPATHIC ABSCESS OF THE BRAIN.

BY A. R. THOMAS, M.D., PHILADELPHIA, PA.

Abscess of the brain is by no means a common occurrence. Few of us have seen many of these cases, and some of us, probably, none. It is usually symptomatic in its origin, and may result from fracture of the bones of the skull, or from penetrating wounds accompanied by injury of the membranes or substance of the brain. It may be induced by caries of the temporal bone, accompanying disease of the middle ear, or from a similar condition of the ethmoid and nasal bones. Again it has been known, in some rare cases, to follow violent concussion, without fracture or injury of the bones of the head. More rarely it has been found metastatic

in its origin, and resulting from suppurations in other parts of the body, as in the lungs, liver, pelvic organs, or from suppurating wounds, compound fractures, or amputations. In some cases, they have been attributed to quite insignificant causes, as slight ulceration of the vermiform process of the colon, from dysentery, from whitlow on the finger, and, in one instance, from the ulcerations following the extraction of a tooth.

Idiopathic abscess, or abscess resulting from congestion or inflammation of cerebral substance from other than the causes mentioned, is undoubtedly of very great rarity, so much so that Dr. Flint says: "It is questionable whether circumscribed encephalitis, eventuating in abscess, is ever an idiopathic affection." Again, Sir William W. Gull says: "Before admitting that abscess (of the brain) has been formed idiopathically, it is necessary to remember that in the majority of cases there is a cause to account for the formation of such abscess, and that only in a very small minority have observers failed to find some admitted cause. In the face of such evidence, is there not good reason to think that in this small number of cases the primary cause has been overlooked? . . . . Bearing this all in mind, we recognize that in a few cases of cerebral abscess, the cause cannot be discovered. But even when the cause is undiscovered, we should not assume that the suppurative inflammation has commenced idiopathically in the brain." On the other hand, Sebert and other cerebral pathologists, admit the possibility of such abscesses, and certainly, *a priori*, there would seem to be nothing inconsistent in such a conclusion.

The case that I am about to report, would seem to be clearly entitled to be placed in the category of idiopathic abscess of the brain.

Mrs. W., aged 35, without children, had always enjoyed excellent health. About two years before death, discovered a lump in her left breast. Increasing in size, with enlargement of glands in the axilla of the same side, in the fall of 1884 the entire gland was removed, with the enlarged lymphatics, by Dr. C. M. Thomas. The recovery was rapid, and the healing without suppuration. A microscopic examination proved the tumor undoubtedly carcinomatous. Her health during the winter following was excellent. In the early spring, she began to complain of an uncomfortable

feeling in the head—not a pain, but a dull, full feeling which was aggravated by everything tending to induce increased fulness of the vessels of the head, as in stooping, straining at stool, etc. This gradually increased until it finally became a severe pain, which was generally referred to the occipital region, sometimes extending down the neck, or over the top of the head to the forehead. While the pain was more or less continuous, there would be paroxysms of aggravation of a most excruciating character, causing her to cry out. A stiffness of the neck interfered with movements of the head, and all movements of the head or body tended to bring on the paroxysms, hence she would pass hours without change of position. Evacuations from the bladder and bowels, for this reason, were generally made without rising. There was urgent desire for constant pressure upon the head, as well as for ice-cloths or ice-bags. During the whole course of the disease, there was very little fever, much of the time none. There was intolerance of light and sound. On several occasions, convulsions appeared imminent, but the symptoms passed gradually away without reaching full culmination. There was no hemiplegia. The mind was at all times clear. At the early stage, there was considerable loquacity; later, disinclination to talk. Speech rapid, sometimes a little thick and indistinct, and sometimes difficulty in getting the right word. The urine was quite scanty and dark. Repeated tests, however, revealed no albumen. The bowels were constipated, but readily moved by enemas.

About two weeks before death, there was marked improvement in all her symptoms, which lasted for nearly a week. The pain greatly abated; she moved about in the bed and got on the commode, yet was in constant dread of motion bringing back the pain. In the aggravation which followed this respite, the pain was not so severe as in the earlier stage, neither did the vomiting return. There was slight fever, with small, feeble pulse. She rapidly weakened, and rather suddenly and unexpectedly expired on the morning of July 4th, with slight convulsion, retaining consciousness up to fifteen minutes before death.

The diagnosis made in this case was that of—*probably*—tumor of the brain; the absence of any injury of the head, or disease of the bones, as well as of any known suppuration in any part of the

body, seemed to exclude abscess. There was too little functional disturbance and too great pain to suggest embolism or acute, or even chronic, softening. The severe character of the pain, although unaccompanied with paralysis and other symptoms of tumors, led to the diagnosis mentioned. Fortunately permission was given for a post-mortem examination, which offered the only chance for solving the problem.

Upon opening the head, the pia mater presented evidence of general congestion. As the brain was turned back, exposing its base, a large quantity of cerebro-spinal fluid was found, flooding the pons and medulla. After dividing the latter, and while lifting the cerebellum from its fossa, there was a sudden rush of a dirty, grumous fluid, with an immediate collapse of the right cerebellar lobe. The fluid was thin, semi-opaque, and became at once mixed with the large quantity of cerebro-spinal fluid. Upon removal of the brain, the right lobe of the cerebellum was found flattened and containing a large empty cavity, of sufficient size to receive a walnut. The cavity contained no lining membrane, its walls being composed of softened brain-substance. A further examination revealed a general softened condition of the whole cerebral mass. Sections were with difficulty made. Neither the corpus callosum nor fornix could be lifted without breaking up their substance. The septum lucidum was destroyed, and the whole brain-substance was of a pasty, sticky consistence. How much this condition might have resulted from pathological or from post-mortem changes, it might be difficult to say, particularly as it is conceded that when there is much fluid in the ventricles and sub-arachnoid space, a marked softening often takes place after death of the parts in contact with the fluid, or in the walls of the ventricles and base of the brain. While this might have been sufficient to have affected the parts mentioned, it could scarcely have acted upon the whole cerebral mass. I am disposed, therefore, to look upon the general softening as more the result of the inflammatory action attending the formation of the abscess.

The question might arise as to whether this abscess, after all, might not have been metastatic rather than idiopathic. There was, to be sure, no general search made for the discovery of a point of ulceration, nor was there the least suspicion of the possible

existence of such in any part of the body. Again, metastatic abscesses are likely to be small and multiple; this was large and single. So again, they are usually preceded by a depressed state of the general health, and are rather sudden in their development; this was preceded by perfect health and was gradual in its development. All of the facts, therefore, being taken into consideration, we are disposed to consider this case as one of idiopathic abscess of the brain.

DISCUSSION.

Dr. J. H. McClelland said that he had seen some obstruction from the plastic exudation in pelvic cellulitis.

Dr. J. B. Wood said that he had had a similar case, where the vomited matter had a disagreeable odor.

Dr. Cowley had a case of fecal vomiting improved in a few hours by Ver. alb., 3d or 4th dilution, in water.

In another case under his care, that resulted fatally in a week, on autopsy a perforating ulcer near the cæcum was found. Judged it resulted from poor food and worriment, that did not develop until after patient obtained a situation.

THE REPORT OF THE BUREAU OF CLINICAL MEDICINE

Was presented by W. J. Martin, M.D. It included the following papers:

Some Fever Experience, by C. Mohr, M.D.

Acute Tuberculosis after Measles, by J. C. Morgan, M.D.

A Case of Hysteria, with Choreiform Symptoms. Remarks on the Ætiology of Chorea, by Clarence Bartlett, M.D.

Clinical Facts, by A. P. Bowie, M.D.

Clinical Case, by W. J. Martin, M.D.

Two Clinical Cases, by C. C. Rinehart, M.D.

Spinal Irritation, by Allegheny County Society.

Remarks on Cholera, by Paz Alvarez, M.D.

SPINAL IRRITATION.

BY THE ALLEGHENY COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

In the preparation of this paper on spinal irritation, its writers have endeavored to give, in as brief a manner as possible, all knowledge they could glean from various authors, together with their own observations upon the symptoms, causes, pathology, and treatment.

This subject was brought to the notice of the profession about fifty years ago, by Dr. Teale, of Leeds, England, and by Dr. and Mr. Griffin, of Limerick, Ireland, some fifteen years later. Since that time, writers on pathology have given us nothing specially new. There is no doubt that this disease has been more frequently met with than recognized, and has been called hysteria or some other nervous affection.

Although spinal irritation may be like other affections, allied with, or caused by, various organic or functional nervous diseases, the name should be kept for a special spinal complaint, chiefly characterized by a morbid excitability of the sensitive nerves of the spine, manifesting itself by spontaneous pains, and by tenderness under pressure, or when the affected parts are moved.

Ætiology.—Among the causes, we find mentioned neglect in gymnastic training, over-indulgence in sexual matters, sexual excitement without gratification, onanism, hard work, mental or physical, grief, care, fright, unfortunate love, violent passions, bad food, improper formation of blood, exhausting diseases, losses of blood or other fluids, cold, traumatic agencies, intoxication with alcohol or opium, and, in fact, everything which tends to exhaust vital power must be reckoned as a cause.

Sex is an important ætiological element, the disease occurring most frequently in females from fifteen to thirty years of age. Out of 304 collected, only 42 were males. It is also claimed that a congenital predisposition may be detected in very many cases.

C. F. Bingaman, M.D.

SYMPTOMATOLOGY.

If a case of spinal irritation comes under the care of the physician, the patient will generally tell him that she is getting weak

and losing flesh. When questioned as to the duration of the disease, the patient will usually be unable to set an exact time, but will say that it came on so slowly that she did not notice it until it became fully established. She at first only felt tired after some special exertion or excitement, and slowly but surely the amount of both is sufficient to cause this weariness to grow less and less, until now she may hardly be able to rise from a chair without pain.

This pain in the back is felt on motion of the limbs, especially the arms, and is referred, as a rule, to the vertebræ between the shoulder-blades. It is sometimes, also, referred to the seventh cervical vertebra or the sacral region, or may exist in both these places in conjunction with the dorsal vertebræ. If the back of the patient be bared, we will often find the skin over the seat of pain to be reddened. If the thumb be pressed moderately firmly on the different spinous processes in succession, some spot will be found where the patient shrinks as soon as it is touched. This sensitive spot will be found to correspond to the seat of pain. Other irritations produce the same effect, as for instance, tapping with the finger, the passage of a hot sponge, or a current of electricity. This sensitiveness may be so great, that leaning against anything, as the back of a chair, is intolerable.

There is often found pain in various parts of the body, either of a fleeting neuralgic character, or a dull steady pain, which will be found to radiate along the course of the nerves, issuing from that portion of the spine which is sensitive. If the cervical region be affected, the pain will extend along the brachial plexus and down the arm; if the dorsal region, along the intercostal nerves, and be most severe in the sternum; and if the sacral, along the sciatic or crural nerve, even to the calf of the leg or ankle.

A feeling of weakness and weariness are the invariable accompaniments of the foregoing condition. The patient feels too weak and tired to move; walking ever so short a distance is followed by pain in the back, and exhaustion for quite a length of time; sewing, crocheting, or even holding a book in reading, is found to be too much. As the condition grows worse, the patients do not even try to sit up, and become bedridden invalids. With all this there is no loss of physical strength, and the patient could make

quite a good deal of muscular effort, to be followed, however, by the old sensation of aching and weariness.

According to Erb,* fibrillating twitching, spasms of muscles, choreic movements, singultus, etc., have been observed, but this has not been my experience in any of the cases which I have had.

Another thing noticed in these patients, is that the appetite and digestion are below par, and, in consequence, they become thin and anæmic. Sometimes, however, this anæmia and running down in flesh seems to be a forerunner of the spinal symptoms, and patients will assert that they noticed themselves growing thin before they had any pain in the back. Associated with this will be observed a haggard, weary, worn-out look, as if the patient were very much overworked, which, in reality, may or may not be the case.

If the patient be a woman, as is almost invariably the case, symptoms of dysmenorrhœa will be manifested, also frequently, tenderness of the ovaries and irritable bladder. This often marks the case, and I have known the treatment to be directed exclusively to these conditions, and, as a matter of course, without success.

It has been my experience, that these pelvic symptoms are almost always relieved as the back gets better, and it would be well to postpone any local treatment until the spinal symptoms are well.

The course of the disease is very chronic, sometimes lasting for years, and the trouble may even come on by spells during life. In most cases it is an affair of months. Improvement may apparently set in, to be followed by a relapse, without any cause that can be discovered. The seat of tenderness may shift from one place to another, or may be in several places at once.

In exceptional cases it may run an acute course, and the fluctuations may be rapid. I have not, myself, noticed any well-developed cases of shorter duration than several months.

DIAGNOSIS.

It will not be hard to recognize a case of spinal irritation if it be looked for. The reason it too often remains unrecognized for a long time, is that the examination of the patient is not directed to

* Ziemssen's Cyclop., vol. xiii., p. 362.

the spine, and the patient is treated for the uterus, as symptoms of dysmenorrhœa are generally present, or for anæmia or nervousness, etc.

We will always do well to examine the spine in females who are run down and haggard looking and who complain of feeling tired. If such a case is one of spinal irritation we will find the symptoms enumerated above present, at least a considerable proportion of them. If, in connection with the spinal tenderness, the weakness, the insomnia, changes of nutrition, etc., no adequate explanation can be found, we should be safe in pronouncing it to be a case of this kind. Sometimes the cases are masked by the absence of some important symptoms, and it would be well not to express an opinion too soon, but wait and keep the patient under observation, and by repeated examination exclude such cases with which it has some resemblance.

Hyperæmia of the cord is distinguished* by the long duration in spinal irritation; also by the fact, that in severe hyperæmia, paralysis is generally present.

Meningitis spinalis need never be confounded with it, as it has stiffness of the muscles of the neck, tonic spasms, elevation of pulse and temperature, violent dorsal pains and atrophic paralysis, and contractures of the limbs.

Meningeal tumors have pain in a constant location, and followed, as the disease progresses, by paralysis of nerves below the situation of the tumor.

Myelitis should never be confounded with spinal irritation, for there is present the ascending paralysis, abolition of action of sphincters, and absence of all the symptoms of irritation and hyperæsthesia.

Spinal caries has some general resemblance to it, but the pain is relieved by suspension, and the disease occurs mainly in the young before the age at which spinal irritation, as a rule, appears.

Hysteria may simulate spinal irritation as it does many other diseases, and often occurs in connection with it. But in spinal irritation, *per se*, we do not find the convulsive and paralytic disorders, the spitefulness and obstinacy, and the globus hystericus.

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* Erb, *loc. cit.*

Neurasthenia has an undeniable general resemblance to spinal irritation, but in spinal irritation we have the painful spots, the neuralgias, the dysmenorrhœa, and the bladder symptoms, all of which are absent in a well-developed case of neurasthenia. Still no exact rule can be laid down, as these cases merge into each other, and all intermediate grades between the two affections may be found.

PROGNOSIS.

There is, of course, no danger to life from this trouble. A cure is the rule, but still relapses are frequent, and the duration long. From all that can be learned by observation and from text-books, it seems that these cases under homœopathic treatment are more speedily cured than by any other.

C. H. Hofmann, M.D.

HYGIENIC TREATMENT.

In addition to the medicinal treatment of this disease, we deem it of importance to add some remarks concerning auxiliaries, which may be used with benefit; for in no class of afflictions is the physician so often baffled. One day the remedy has done wonders—never felt better in their lives; the next day nothing has done good, down in the depths of despair, with various aches and pains, but having no constitutional disturbance to correspond; these are the most difficult as well as annoying cases.

To decide what is best for them cannot be done to a certainty. It will depend on the physician studying out each separate case, and with the various remedial measures apply treatment accordingly.

In this disease an early and accurate diagnosis is of great assistance, and I feel no hesitation in saying that in the first stage, giving the proper medicine, with a carefully regulated diet and absolute rest, in many cases, is *all* that is needful for a cure. But when months have passed, and the patient is reduced by pain and the various nervous ailments which always accompany this disease, it becomes necessary to have some auxiliary which may aid in restoring the equilibrium between mind and body.

The first to be noticed is absolute rest and seclusion from sympathetic friends, who, with their dismal stories and subdued manners,

exert an evil influence upon the unfortunate subject. The evil effects are seen by the physician in the exhausted, nervous, and excited condition in which he finds his patient, and the ensuing sleeplessness that follows. Absolute rest is required for the relief of pain, as practiced by Hilton.

The functions of the body are thus performed in a more perfect manner, and the rest which it affords to the patient after one or two days' trial, makes her easily convinced of its efficacy. This rest should continue until all painful spots have disappeared, all nervous sensations removed, and a fair appetite obtained, when the patient is allowed to sit up a few minutes daily; this is to be increased from time to time; then follows walking, and, finally, outdoor exercise in the same careful manner. If the patient has lapsed into indolence, which is sometimes the case, a strong, firm, yet sympathetic will power must be exerted by the physician, to supply the missing link between will and action.

In many cases, such as are described by Playfair and others, the patients have become bedridden, weak, anæmic, on account of malnutrition and long-continued suffering; here, massage, combined with absolute rest, has been employed with great success; in fact, massage has seemed to be the treatment for our patients when all things else have failed. Massage is suitable in all stages of treatment.

The most brilliant results, however, have been shown conspicuously in those cases recorded by eminent physicians, where the patients had been bedridden from 6 to 23 years. This ancient practice has many supporters, who claim that by its aid alone patients are cured, and that the healthy functions of the nerves and mind are restored. Time will not permit a description of the manner of using massage in these affections, but I would refer you to "Graham on Massage," "Weir Mitchell," and others: they say: "Mere rubbing will not suffice; but a careful, scientific study, with due appreciation of anatomy and physiology, will aid the administrator of massage in a way that will produce a brilliant result;" so that to select one capable of giving massage, we must be sure he understands his business.

Electricity has in former times been considered a great aid when administered properly, but how many well remember the injurious

effects of this agent, administered to our patients by electricians, said to be capable, and again, how often practitioners have been to blame in advising patients to purchase a machine and use it themselves. In the latter case, very few, if any, have been benefited, while those who have been injured are greatly in the majority; their nervous symptoms are intensified, and greater weakness and sleeplessness is the result of its unscientific use.

The galvano-faradic current in these cases is considered by many to be useless, and the continuous current of moderate strength seems to be the proper agent, and this given with interruptions of from two to five seconds, over the parts affected, the application never to exceed from five to ten minutes, according to the condition of the patients, whether they be weak and anæmic, or muscular. In the former the very gentle current, and in the latter a more powerful current, but never so powerful as to be painfully felt.

In comparing this last auxiliary to massage, preference is given to massage. For in spinal irritation or neurasthenia, we have no true paralysis, only a deficiency of nerve-power, a weakness due to exhaustion of the nerve-centres. It has been recommended, however, that both massage and electricity be combined. I have no experience with this method, but should strongly advise the same if there was the least fear of future paralysis, rendered so by the family history, etc.

Warm effusions to the back are also recommended; they may be applied by a sponge wrung out of hot water and rubbed gently down the spine.

Change of scene, when the patient has strength enough, has been of the greatest benefit, especially to those patients in which the disease has been caused by business complications, also to those, either male or female, where the trouble which caused their sickness took place at their own homes. It is surprising with what rapidity these patients recuperate when removed from their saddened surroundings.

Local treatment or uterine examinations during the treatment of spinal irritation or neurasthenia has been condemned, especially the former, as the patient may have dysmenorrhœa, flexions of the womb, pains in the sacral region, etc., as described in the former part of this paper, all of which, under proper treatment for spinal

irritation, recover, but it would seem that the most rational way, in regard to uterine complications, should the slightest doubt exist concerning the nature of them, would be a careful examination, in order to make our diagnosis perfect.

I deem it altogether probable that occasionally lesions may be discovered, such as lacerations, polypoid tumors of the mouth of the womb, and even cauliflower growths, which, by an early discovery, might prevent that which otherwise might prove an appearance of neglect. Such lesions having been ascertained, their cure seems imperative before other treatment can be successful.

Diet.—When the digestive function is well performed, a liberal diet is advised, being careful, however, that at no meal enough is given to thoroughly satisfy the appetite, as when they feel a desire for more they have something to think of other than their pains and aches, and at the same time, the food being thus thoroughly digested, adds to their strength. If a great desire can thus be established to divert their mind, their numerous sufferings are lessened, and a step made towards a cure.

Should the digestive powers be weak, our remedies must be given to restore them, when a careful, abstemious diet should be inaugurated, with a small quantity at first, gradually increasing, taking care to give that which is longed for by the patient, even though it be boiled cabbage and potatoes, selecting a diet if possible, nutritious, but as varied as the symptoms of the patient.

L. H. Willard, M.D.

MEDICINAL TREATMENT.

My individual success in the treatment of what I believed to be spinal irritation, has been anything but flattering. I have never relieved my cases in any degree commensurate with my desires.

Phos. acid has relieved burning in the anterior half of the soles of both feet; a cold, uncomfortable feeling in the anterior tibial region; heat of the occipital region, with erratic pains. These symptoms were presumably due to sexual excesses, and were relieved by the drug, notwithstanding the increase of sexual appetite, and its accustomed indulgence. The acid was given in small doses of the dilute acid. Acidity of stomach was caused in one instance.

Gelsemium presents an array of spinal symptoms that should suggest it in this malady. My experience in severe cases with gelsemium has been nil. It has pains from spine to head and shoulders.

Contractive pains in the right side of the nape. Myalgic pains in the neck, mostly in the upper part of the sterno-cleido muscle.

Congestion of the spine, prostration, languor, muscles feel bruised, paralytic, etc.

Actea rac.—Sensitiveness of the spine, especially in the cervical and upper dorsal regions. Soreness of all muscles. Sensitiveness of the spine is laid down as being pre-eminently diagnostic of this disease. And Actea rac. might be of service in some cases complicated by female complaints; that is, relieve the "female complaints," and leave the spinal irritation.

Natrum mur. also has a sensitive spine, with tension and drawing; better lying on something hard; weak, nervous, fluttering of the heart, etc.

Zincum.—Burning in the shoulder-blades, tension between the shoulders, and a number of other symptoms relative to this disease. I remember to have cured permanently a case of extreme restlessness, in the lower limbs, in an old lady. She could not be still a moment. A few doses gave entire relief..

Zn. phos. has relieved backache; given without regard to any characteristics.

Rhus tox. has inflammation of the spinal membranes, even myelitis. Great pain in the small of the back; worse in bed, better on *pressure*, was very speedily relieved by Rhus. Another case, an old lady, who had severe pain over the crest of left ileum, between the crest and the post. sup. spine, relieved by *pressure* and heat, was relieved by one dose of 200th. Rhus 3d had been prescribed before, with indifferent results.

A very comprehensive article on this subject can be found in the *Hahnemannian Monthly* for February, 1883, by Dr. Farrington, entitled "Remedies for Neurasthenia."

Dr. Korndœrfer publishes the symptoms of this trouble, followed by a repertory of remedies to be applied; it can be found in the *Hahnemannian* for June, 1880.

In the July, 1885, *Homœopathic Physician*, Dr. W. J. Guernsey

adds a chapter that might be referred to in the study of cases, page 247.

Dr. C. P. Seip reports a case as being greatly relieved by Gelsem. 3d. In this same case, three years ago, I had the novel experience of testing mind in disease. When the woman's attention was called from herself I could press the spine without any apparent pain, but as soon as she remembered that I was manipulating she winced terribly.

Tellurium.—Painful sensitiveness of spine from last cervical to the fifth dorsal vertebra; sensitive to pressure and touch. Pain in the sacrum, passing into the right thigh down the sciatic nerve; worse pressing at stool; coughing, laughing also, on the affected side. Sweat in spots, with itching.

Agaricus musc. is a remedy that has as great an array of symptoms corresponding to those of the malady under consideration as any I have examined. The spine is sensitive to touch. Sensation of ants crawling along the spine. Violent shooting and burning pains along the spine. Every motion or turn of the body causes pain in the spine.

Other remedies, as Phos., Picrate of zinc, Zinc. val., Strych. phos., Tarent., Lach., Alumina, Arg. nit., Kali c., Hyos., Ignatia, Pic. ac., Silicea and Sulph., Puls., Sepia, Platina.

I am inclined to believe that the higher preparations or potencies act best in these cases.

Z. T. Miller, M.D.

CLINICAL FACTS.

BY A. P. BOWIE, M.D., UNIONTOWN, PA.

Nowadays the clinic is acknowledged to be a potent factor in medical instruction, and the lessons learned at the bedside are of a practical character, and in this age of skepticism and doubt, everything is subjected to the closest scrutiny, and tests of all kinds are applied, and some misapplied (for who can determine by the microscope whether a drug will cure a disease or not, or who is infallible enough to sift our materia medica and tell us what is true and what is false?).

Then it behooves all practitioners of our school to pay particular attention to the department of clinical medicine, for in that way only can the fact be established whether a symptom of a drug is true or false, and no amount of reasoning can take the place of a fact proved at the bedside. The problem we, as homœopaths, have to solve daily is this: Given, a sick person with certain symptoms, the totality of which constitutes the disease, the similar symptoms of the materia medica, whatever that medicine may be, is the remedy to be applied in the case.

A carefully kept written record of cases, as Hahnemann directs, would furnish each physician with material, which, added to what we already have,—a mass of facts—would do more to advance the cause than years of talking and writing about the "imperfections of the materia medica." "*Give us facts*," is what this age asks, and let each practitioner do his share to supply them.

To present a few facts and add my mite to the common stock, I report the following cases, cured several years ago and which remain cured to-day.

Case I.—Miss A., aged 38, seamstress. Bilious temperament, as manifested by dark hair, and eyes, and complexion. Has been an inmate of an insane asylum. Insanity following an attack of dysentery treated with opiates by an allopath. Is afraid she will have to be confined in an asylum again. Sleepless, restless, and will do no work. *Head feels all stirred up;* great dread and fear expressed when I call to see her; walks the floor and screams. Appetite variable, sometimes eats all the time, and then none at all, but mostly hungry. Bowels constipated. After trying several remedies on "general indications," that false light, a careful study of the case convinced me that Iodium was the remedy. A powder of the 30th in 6 teaspoonfuls water, dose one teaspoonful every 3 hours, soon improved the case, and cured her without any other remedy.

Case II.—Miss C., aged 20. Deaf for several days, caused by sudden death in family, she thinks. Head feels full with much throbbing; ringing noise in ears; head feels large. Talks very loudly when spoken to. Glonoin^{2x}, 1 drop in half a glass of water, dose one teaspoonful every 2 hours, cured in one day.

Case III.—E., girl, aged 14. Weakly, subject to cough. Menses

have not appeared. Has taken cold, cough with pain in region of heart and escape of urine at every paroxysm. Is very nervous; upper extremities jerk and are uncontrollable. Worse at night; throws head from side to side till she goes to sleep. Burning in urethra. Causticum 30, one pellet No. 35, every 3 hours, cured the case in a few days.

Eggert's work on uterine and vaginal discharges directed my attention to the remedy. The choreic symptoms made their appearance last, and were the first to disappear.

CASE IV.—Mr. B., aged 60. Bilious temperament. Farmer. Has been sick one month.

Thinks his liver is affected, and that he will have to go to bed. Very sleepy and drowsy in daytime. Limbs feel numb. No appetite. Tongue very dry. Much wind collects in stomach. Is very weak. Vertigo when walking.

As the symptoms indicated Nux moschata, I prescribed the first dilution in $\frac{1}{10}$ drop doses every three hours, with entire relief in one week.

CASE V.—E. J., aged 25, male. Convalescing from typhoid fever. Complains of nothing but constipation. He goes to stool, but fæces will not pass, but slip back. One dose Silicea 6^x removed the difficulty in a short time. Silicea for constipation and Psorinum for debility are the two remedies I find most frequently indicated in the convalescent stage of typhoid.

REMARKS ON CHOLERA.

EXTRACTS FROM A LETTER OF AUGUST LAST, DIRECTED BY DR. PAZ ALVAREZ, OF MADRID, TO DR. EDWARD FORNIAS, OF PHILADELPHIA.

Dr. Paz Alvarez states that Spain has 36 of her 49 provinces assailed by the Asiatic cholera, somewhat degenerated, as it comes intermingled with malaria, in consequence of the torrential rains which have been pouring down for six months.

The epidemic invades with preference, and is more fatal in those districts and towns located along the large rivers, or which have

stagnant waters in their neighborhood. Madrid, to the present time, has been but mildly invaded, and where we have more cases is in the lower part of the city, near the rivers, which are very shallow. Its effects are mostly observed in poor persons who commit all kinds of excesses. It spreads in the usual way, and commences, in the majority of cases, or in nearly all, with the premonitory diarrhœa, which lasts three or four days, followed by the second, or algid stage, with nausea, vomiting, few cramps, anguish, thirst, prostration, coldness, and glacial sweat.

If reaction takes place, the patients recover, but very often at this desirable period, symptoms of typhoid, cerebral congestion, cerebral apoplexy, and serous effusion of the head and chest make their appearance, and then they die rapidly. In some cases the duration of the malady is from 4 to 8 hours, the algid stage lasting 1 or 2, and the casual or contingent, above mentioned, about the same time. This is the reason why many physicians here believe that *pernicious malaria* is an important factor in the present scourge.

The difference between this and former epidemics, consists in that the vomiting now is more moderate, the cramps less marked or wanting, the thirst scarce, the algidity not so pronounced, the sweats rare, the emaciation hardly noticed, and the lividity and sinking of the eyes, nearly imperceptible or absent altogether. This is easily explained, because nearly all cases die with typhoid, cerebro-congestive, or cerebro-apoplectic symptoms, few only during the algid stage.

In regard to treatment the Doctor asserts that the old school loses, as usual, from 60 to 70 per cent. of the cases, due to the fact that they still give excessive doses of laudanum and other opiates. Homœopathy, as always, comes out triumphant, losing only 6 or 7 per cent. in the most assailed localities.

All those who take *Arsenicum* and *Verat alb.* as a preventive, a dose every other day, are free from the attack, and this, we all have to admit, is a great victory for our doctrine. Those who take sick with the initial diarrhœa and call us in time are cured without exception with *Ipecac.*, or if this is not sufficient with *Arsenic.* When the algid state appears, the homœopathic remedy which cures the most cases is *Verat alb.* *Cuprum* readily controls

the cramps. But when we are called in late, the contingent typhoid, or congestive symptoms being already present, then, of course, the cure is impossible, as these cases hardly give us time to select the remedy.

The accidental phenomena of this epidemic are both extraordinary and terrific, differing in this respect from previous scourges, and especially from the last one, in 1865.

What I have just stated happens exactly in all the invaded districts.

The method of Dr. Ferran, although an allopathist, is based on homœopathic principles, because he attenuates the *bacillus comma*, successively for vaccination and revaccination, and the symptoms produced are similar to those of cholera.

According to his statistics and those published by his followers, very few of the vaccinated persons have been attacked by the disease.

Conscientiously, it is impossible, at the present time to decide in favor of or against Dr. Ferran. It is necessary for experience to demonstrate the truth or fallacy of this system. I am, however, inclined in his favor, because the process is homœopathic. Time will tell.

TWO CLINICAL CASES.

BY C. C. RINEHART, M.D., PITTSBURGH, PA.

The first case presented here was considered worthy of attention because of the peculiarity of the symptoms, and also because it verifies some of the very peculiar symptoms found in our Materia Medica.

CASE I.—The patient was a female, married, mother of two children, the younger of which was nine months old. She was stricken with typhoid fever, which progressed normally, reached the crisis safely, and, considering its gravity in the early stages, was making a very satisfactory recovery. She was one of those unruly patients who insist on doing things that are forbidden, eating more than is allowed, and who go about before they are able to do so safely. Notwithstanding she did all these, she did not

seem to suffer from it. There was some excuse for her anxiety to get about because her baby, which had been weaned when she took her bed, was suffering from summer complaint, and she was anxious to attend to it herself. Her temperature had been normal for several days, but the pulse had continued high, about 114 beats per minute. On the 21st of August, she was, with the exception of the pulse rate, doing very nicely. During the afternoon, a drunken woman residing in the neighborhood began quarreling with the neighbors underneath the patient's window, throwing stones, breaking windows, and raising a general excitement. The patient was very much frightened. I was sent for immediately, but did not arrive until about two hours had elapsed, when I found her in a high fever, temperature 105°, pulse 140, weak and compressible, trembling, face red and covered with a hot sweat. Gave Opium[6] every half hour. Next morning when I arrived, the temperature was $105\frac{3}{5}$°, pulse 160, very weak, body and limbs covered with a cold, clammy sweat. She said she was dying, and took leave of her friends, disposed of her children, gave directions as to the disposition of her worldly effects, gave minute instructions as to her funeral services, and where she desired to be buried; after which she declared she was dead and did not know why she was not buried immediately; said she was putrefying and that she should have been buried long ago; keeping up a continuous chatter, talking incessantly. When solicited to take nourishment or medicine, she insisted that it was ridiculous to give medicine or food to a corpse, that she was already dead, past all hope of resuscitation. Gave Lachesis[6] every half hour in water. Next morning, August 22d, when I called she was perfectly rational, and the attendants said she began to get better after the first dose of medicine. Her temperature remained high, however, $105\frac{1}{5}$°, pulse 160, the whole body bathed in a hot sweat; in other words, exactly in the condition she was in on the 21st of August, the day on which she received the fright. Gave Opium[200], under which the perspiration ceased and the temperature decreased to 104°, pulse rate 140. This continued for two days, when I noticed that even when the face was pale the slightest excitement, even the entrance of any person into the room, would cause her to flush up. The patient being very weak and emaciated, I considered the

condition one of pseudo-plethora, and gave Ferrum phos.[6] in water every two hours, and was gratified to see the temperature and pulse rapidly decline to normal, so that on the 8th of September she was discharged well.

CASE II.—Mrs. ——, confined August 6th, 1885, primipara. Labor was protracted and delivery was accomplished with the forceps. There was a very considerable post-partum hæmorrhage, but the indicated remedy, in conjunction with Credé's method, soon brought it under control. The lochial discharge was very profuse, and continued, notwithstanding the exhibition of different remedies which were thought to be indicated, among which were Ipec., Sabina, Trillium, Secale, etc. The flow was so copious that I felt the patient must succumb to it if it was not speedily relieved. While in the room on the morning of the fourth day the nurse removed a napkin from the patient, who shrank so much from the touch that I inquired if she was very sensitive there, and was informed that she could scarcely bear the least touch. Gave Platina, 6th trituration, and by evening the discharge was no more than natural.

ACUTE TUBERCULOSIS AFTER MEASLES.

BY JOHN C. MORGAN, M.D., PHILADELPHIA, PA.

In the public mind, and even in the judgment of Boards of Health, *measles* is a generally insignificant malady; but experience shows that, like other common and uncared-for things, it works effects of great moment, and, vagabond as it is, brings with it, or sends before it, or follows behind, other vagabonds which *together* work evils not possible to either alone.

I have known it preceded by miliary fever and by whooping-cough; it has been known to set in, then pause, giving place completely to small-pox, afterwards resuming and completing its course, and I have once seen it subside immediately, under treatment with *Gelsemium*, remaining absent for a whole week, and then recommence, and pass to a finish in the usual way. I have once seen it last just a week, from Saturday to Saturday, giving place to *mumps*, this lasting until the next Saturday, and followed

by scarlet fever, which, with its after-effects, lasted several weeks. And this spring, measles has crowned itself by succeeding whooping-cough.

Worse than all, in my belief, is the at least suspicious influence that measles seems capable of exerting upon the nutrition of the lungs, in the direction of *tuberculosis;* and not only upon the lungs, but as well upon all the viscera; as usual, by a process of lymphatic embolism and general infection from pulmonary cheesy foci, gradually developing, following the measly inflammation. Or, again, in an organism already below par when attacked by measles, and failing to throw out the exanthem upon the skin, the catarrhal pulmonary vesicles may take on cheesy change more rapidly and insidiously, infecting the whole body with a secondary deposit of miliary tubercles. Or, thirdly, in a system already thoroughly disposed to tubercular formations, *i.e.*, of a scrofulous diathesis, the mere internal congestion of *suppressed* measles in all the organs may suffice to determine, primarily, in all, an incipient tuberculosis of acute type—*i.e.*, "acute miliary tuberculosis"—which, ripening, may kill the patient with typhoid or pulmonary symptoms, or both, within three to six weeks, as the complete lesion commonly does; or, under a skilful homœopathic, as well as dietetic therapeusis, may not ripen, but undergo a reabsorption equally rapid, when the measly crisis has passed. It is not reasonable to say, as is commonly done, that all cases of acute general tuberculosis are fatal. The fault probably lies in the failure to diagnosticate the malady at all, until the fatal ripening of the deposits renders death certain, from continued interference with so many vital parts at once. Therefore, we should often suspect its occurrence, make the tentative diagnosis, and push the anti-tubercular treatment. Until further light can be shed upon this class of suspicious cases, the diagnosis must be, indeed, only tentative; and such, be it understood, is the second case to which attention is called in this paper. This diagnosis, although positive in form, is and can only be tentative and provisional. Again, an error, from which many good physicians are not quite exempt, must here be corrected; and that is, to think of *pulmonary phthisis* the moment "tuberculosis" is named. The lungs rarely fail to receive a very large share of the deposit in acute general tuberculosis, but

that is only incidental; it is as true, in other cases, of the liver, spleen, peritoneum, brain, and the fatal symptoms may as well arise in any other organ as in the lungs; commonly, the symptoms are compounded of them all, as in the case referred to. It is this that so often blinds the observing physician, who, judging from the brain-symptoms, for instance, forms the diagnosis, probably, of typhoid fever; and indeed, the differentiation, even in fatal cases, may appear only at the autopsy. Hence the suspicion, and the "tentative diagnosis" of acute tuberculosis, should never be too far off.

The first case mentioned below, being the child of a physician, who, with able counsel, watched it most carefully, is assigned to a place here, because in their judgment the tuberculization shown by the autopsy occurred as a direct sequel to the attack of measles, but its onset was gradual rather than highly acute. The second case, if admitted, must be classed as acute.

Case I.—Florence G., when five weeks old, was carelessly carried out into a very cold, piercing wind, insufficiently clad. She was never well afterwards; had otitis media; was feeble; cried very much; was sleepless; and at last a crop of boils came out all over the face and head, which it was trusted were prophetic of a cure; but now came whooping-cough, with an extreme severity, and immediately following this the *measles*. Afterwards she had a persistent cough.

During this time she received principally *Acon.*, *Cal.*, *Graph.*, *Silic.*, *Phosph. ac.*, *Kali hydr.*, *Sulph.*, *Puls.*, *Cina*, *Phosph.*, *Secale*, *Sarsap.*

At the age of eighteen months she took cholera infantum, and died.

A post-mortem by Dr. A. R. Thomas revealed a universal tuberculosis. How far the antecedent measles effected this result may be questioned, perhaps, but such was the diagnosis, and this, I trust, may at least add some force to my main position, viz., that measles must ever be regarded as fraught with danger in this direction. My own nosology can never be verified by autopsy, the little patient having been restored to more than her former health.

Case II.—Lulu T., aged nineteen months, a delicate, sensitive, teething child, was, on May 23d, 1885, taken with, apparently, a

cold and fever, was treated by her mother for three days fruitlessly, and I was then summoned. I found her with high fever; and I will here say, once for all, that the temperature was extremely high throughout the whole course of the disease; but, unfortunately, the thermometer was not used, as it was for some reasons inconvenient to do so. It is true that general tuberculosis alone does not show excessive body-heat, but, added to that proper to measles, may well occasion this.

May 26th.—I prescribed *Acon.*[3] every one to two hours. Next day, 27th, profuse, red, miliary eruption upon the head, etc.; otherwise no better. Gave *Bellad.*[200] same intervals.

May 28th.—Found her in a stupid, typhoid state. On the epigastrium and surrounding skin, and nowhere else, a measly eruption was discovered; the spots were of dull hue, with little areola. Motion seemed to cause pain. To further the eruption, prescribed *Bryonia*[200] every two hours.

May 29th.—The eruption is quite extensive, but the typhoid state continues. ℞. every three hours.

May 30th.—Very stupid; quite unconscious. Temperature very high. The pulse and respirations excessively rapid; the former remaining from this date until convalescence about 192 per minute, and the respirations about 94 per minute. Frequent, dry cough and grunting expiration, with flapping of the alæ of the nose. On auscultation of the chest found universal, loud, harsh, dry, tubular breathing. The diagnosis of acute tuberculization of lungs and brain and other organs was made: rejecting that of pneumonia, as all signs thereof were wanting, aside from those mentioned. Gave *Lycopodium*[200] every four hours.

May 31st.—Little change in any respect; still typhoid; but believing that the drug-impression was as complete as nature could react upon, I gave *Sac. lac.*, and continued it, with very gradual amelioration of the worst symptoms on June 1st and 2d.

June 3d.—Stupor diminishing; cough persistent, somewhat looser; very cross and violent when aroused, and demands to be carried about almost constantly. Yellowish, slimy diarrhœa. Gave *Chamomilla*[200] every three hours.

June 4th.—Bowels better; cough looser; mental state improved. ℞. every four hours.

June 5th.—Much improved. Gave Sac. lac. faithfully, as in duty bound.

June 6th.—Mouth very sore; a yellowish ulcer upon the tongue. Gave *Mercurius vivus*^{200}, four doses in twenty-four hours.

June 7th.—Mouth and cough better. The pulse and respiration are still very frequent, but the temperature is becoming more moderate. Sac. lac.

June 8th.—Improving. Sac. lac.

June 9th.—Has not improved since yesterday. Gave *Sulph.*^{200}, four doses in twenty-four hours.

June 10th to 13th.—Improving in every way.

June 14th.—Seems to improve now too slowly. Gave Sulph.^{cm}, one dose.

June 15th to 20th.—Improvement accelerated.

June 21st.—Dentition is again causing irritation of the gums. Gave one dose of *Calc.*^{2cm}. Goes to the country.

June 29th.—Repeated dose, and discharged fully convalescent.

The diagnosis of acute tuberculosis will undoubtedly be still sharply challenged: 1st. Because the child recovered, and that somewhat speedily. 2d. Because it will be considered that it would suffice to regard the case as merely a malignant form of measles. 3d. Some will contend that it was only measles plus pneumonia. 4th. Some will still confound tuberculosis with phthisis. Who, however, can say that malignancy does not in such cases usually involve the tubercular quality? The typhoid tendency itself is a link between the two, and common to both. Again, the positive signs, it would seem, fail to prove a pneumonia, but do throw a great weight of evidence to the side of tuberculosis, viz., the excessively high temperature capable of arising from the compound of exanthematous with tuberculous fever, along with the rapid respiration, persisting for days with unchanged and universal tubular quality, entirely without crepitus on auscultation; closely resembling the signs of diffuse consolidation observed in cases which have gone on to and been verified by a fatal termination; also the simultaneous brain symptoms; and, lastly, the known liability of measles to be followed by local lesions, as in Case I.

It is not presumed, then, that the tubercle had attained a ripe formation, and was then so soon reabsorbed; but only that an

incipient general tubercular exudation, of less than colloid density, had set in, which, like the hyaline type of connective tissue, never passed beyond the earliest stage of this new growth. At all events the symptoms were so unusual and extreme, for *merely* suppressed measles, that the strongest suspicion of greater things is unavoidable; and supposing it be still unsettled that the affection is truly and certainly tuberculous, as with present knowledge must be confessed, still, since we are in constant danger of erring in the opposite direction, and of failing to recognize the early and curable form of tubercle, we have a right, nay, it is our duty, to give the patient in so suspicious a disease the benefit which may flow from the gravest diagnosis, in the shape of abortive treatment at this vital moment.

To conclude, practically, the record of Case II., I will add that the diet adopted no doubt aided materially in this abortive treatment, viz.: egg-albumen, dissolved in water, strained, and set into a bowl of ice, was the steady drink, and was often given, as the thirst was great; and later, as well as previously, sweet milk; also egg and milk was used in like manner.

A CASE OF HYSTERIA, WITH CHOREIFORM MOVEMENTS. THOUGHTS ON THE ÆTIOLOGY OF CHOREA.

BY CLARENCE BARTLETT, M.D., PHILADELPHIA, PA.

Mrs. ———, aged twenty-five years, had been married eight years, but had never borne children. No means for the prevention of conception had ever been attempted. On the contrary, both she and her husband were very anxious to have offspring. Many and severe were the quarrels between her and her husband by reason of her alleged sterility, the latter's conduct towards her being but little less than brutal. On several occasions he left her after these quarrels. One night, at 3 A.M., after an unusually stormy scene the evening before, she awoke with a rhythmical tremor of the entire left lower extremity, which continued till she again fell asleep. By daylight the tremor had involved both legs. On

the following day another phenomenon made its appearance; this was choreic jerking of the head from side to side. It was at noon of this day that she consulted me at the dispensary of the Hahnemann Medical College of Philadelphia, when the above history was elicited.

The spasmodic movement of the head above referred to, consisted of a jerk of the head from left to right, and slightly from above downwards. The tremor of the legs was very marked while the patient was sitting. It had no perceptible effect on her gait. The heart sounds were normal. She gave no history of rheumatism either in herself or her family; neither could a neurotic family history be found. A vaginal examination revealed nothing abnormal. Menstruation was regular and painless. Ignatia 1^x was prescribed. In three days the tremor ceased, and at the end of two weeks she was entirely well.

Now as to the diagnosis of this case. There were but two diseases, the histories of which it in any way resembled, and these were chorea and hysteria.

Emotional influences enter into the ætiology of both affections, and both chorea and hysteria are associated with irregular jerky movements; the first in all cases, the latter more rarely. The movements of the head in this case were not such as we find in the ordinary chorea of children, but rather those found in this disease when it attacks the adult. The tremor, as it occurred in Mrs. ———'s case, was entirely different from anything I had previously seen in chorea. The sudden onset of the trouble, moreover, spoke against this disease as being the malady from which she was suffering. I, therefore, made a diagnosis of hysteria.

It may seem strange to you for me to bring forward a case of hysteria to preface a few remarks on the ætiology and nature of chorea; but as this case suggested some thoughts, I have chosen it as the text of my paper.

A favorite theory of the ætiology and pathology of chorea, is that which associates the affection directly with inflammatory rheumatism, and assigns as its anatomical substratum, the lodgment of minute emboli in the capillaries of the corpora striata. Now I claim that this theory, commonly accepted though it be, is faulty in both its premises: first, that inflammatory rheumatism

does not bear a causative relation to chorea; and secondly, that capillary embolism is not the anatomical lesion giving rise to the morbid phenomena in this affection.

To prove the first of these propositions, namely, that inflammatory rheumatism is not a prominent factor in the ætiology of chorea, we make use of statistics. In addition, we may study carefully the clinical phenomena pertaining to the two affections, noting carefully the points wherein one seems to bear any relation of semblance or antagonism with the other.

In August, 1884, I presented, in the *Hahnemannian Monthly*, the statistics of fifty-eight cases of chorea in their relation to rheumatism. At that time, I showed that but seven per cent. of my cases gave a history of antecedent rheumatism. In no instance did the two affections occur in such a way as to indicate the existence between them of the relation of cause and effect. Nearly twenty-one per cent. gave a history of rheumatism, either in the patients themselves, or some immediate relative. I also showed that cases of nervous disease, and cases of general diseases, taken at random, gave a history of rheumatism in 12 per cent. and 2 per cent. of the cases respectively. Such was the result of my experience one year ago. Since that time, I have treated about twenty other cases of chorea. The extended experience gained from these additional cases, has not caused me to materially alter the opinions expressed in the paper above mentioned. In one case, the chorea came on immediately after recovery from an attack of inflammatory rheumatism. The statistics given by Sturges do not differ materially from those of my own, as above stated. This author, in one hundred and seventy-two cases of chorea, noted that eleven, or $6\frac{4}{10}$ per cent., had previously suffered from inflammatory rheumatism. On the other hand, we find observers who note a rheumatic history to be the rule rather than the exception. Thus, Hughes and Brown claim that 85 per cent. of cases of chorea give a history of rheumatism, a result which is more readily accounted for when we learn that they have considered the existence of cardiac murmurs, and rheumatic pains of any sort, whether in the patient or in his family, as sufficient evidence of a rheumatic history.

Laying statistics aside, let us consider the clinical facts bearing on the ætiology of chorea; and first, as to its relation to rheuma-

tism. First, we observe that chorea is almost exclusively a disease of childhood. Rheumatism generally attacks young adults, although it is not of infrequent occurrence among children. Now if rheumatism is a predisposing cause of chorea, the latter affection ought to be more common among adults than we know to be the case.

Secondly, chorea occurs with greater frequency among female children; rheumatism occurs in equal proportion in the two sexes. In the fifty-eight cases reported by me, fifty-four were females, of whom three had had inflammatory rheumatism, and fourteen males, of whom but one had had this disorder; the proportion giving a rheumatic history being nearly the same in both sexes.

Thirdly, where chorea does occur in patients giving a rheumatic history, it is in rare instances only that it appears in such a way as to lead one to believe the existence of the relation between them of cause and effect. In one case only (and that my last one) out of my seventy-five cases was this noticed. Moreover, in those cases where chorea supervenes immediately on rheumatism, another factor may enter into the ætiology of the disease. As is well known, mental emotion, as fright or grief, frequently produces chorea. Now why may not the suffering in inflammatory rheumatism have a like effect?

Fourthly, How can the theory ascribing to chorea a rheumatic origin, account for the remarkable tendency of the disease to recur in the spring? In two cases under my charge, the disease had reappeared every spring for twenty and eight years respectively.

Fifthly, The cardiac murmurs in chorea do not, by any means, prove the preexistence of endocarditis, for in the vast majority of cases they disappear along with the disease, of which they constitute a symptom, thus showing them to be of functional origin. Besides this, we have a number of reasonable theories explaining their pathology on other than rheumatic endocarditis.

So much for the relation between chorea and rheumatism. Now a word or two on the prevailing theory respecting the pathology of chorea above mentioned. In the first place, it may be stated that this theory has never been confirmed by a single autopsy of a patient dying *of*, or *with*, chorea. The existence of these capillary

emboli rests then on theoretical grounds only. The clinical phenomena of the disease are, however, opposed to this theory. If chorea depended upon this pathological lesion, it would be a disease of sudden onset. If the collateral circulation was not established within a few days, the affected area in the brain would degenerate, and the disease would become incurable. In case the circulation was promptly restored, the patient would recover at an early date. Capillary embolism of the brain experimentally produced in lower animals, does not give rise to chorea. All these facts bear testimony against the truth of this theory.

Observing carefully, all facts pertaining to chorea, we see that almost the entire evidence points to its being strictly a functional disease of the nervous system. The most frequent causes of the disorder, grief, fright, and other depressing emotions, would seem to point this way. The causes of chorea are then very similar to hysteria, which is universally acknowledged to be a functional nervous disorder. Owing to differences in organization, the same influences which, in the adult, give rise to hysteria, produce chorea in the child.

The tendency for chorea to recur at certain epochs of the year (December, and April and May, according to my experience) may receive an explanation which has not, so far as I am aware, yet been stated. School examinations take place, in this city at least, in the latter part of January and early in June. It has been a question in my mind as to the extent which the anxiety concerning, and the preparations for, these examinations play, in producing this recurrence of chorea at certain seasons.

The above remarks have been presented to you, not with the object of presenting anything new or original. I have simply endeavored to call attention to a few of the facts in the ætiology of chorea, the true value of which is yet unrecognized, trusting thereby to awaken a discussion, which, by increasing our knowledge of the disorder, will aid us in its therapeutics.

A CLINICAL CASE.

BY W. J. MARTIN, M.D., PITTSBURGH, PA.

The following communication appeared in one of our Pittsburgh papers the day following the adjournment of the State Society's meeting last year:

EDITOR LEADER:—Yesterday's *Dispatch*, under the heading of "A Happy Meeting," records a love-feast tendered by the West Penn Hospital management to the State Homœopathic Medical Society. Now, it strikes us as very singular that a society of homœopaths, as a society, should receive invitation to inspect, wine, and dine at such an institution. The West Penn Hospital is supposed to be under the control of regular physicians, hence our surprise. For there are principles in the practice of medicine, as in the practice of law. These principles proclaim our solemn duty, and no conscientious man can truly hold to the principles of homœopathy as well as to those of regular medicine, or practice upon principles in which he has no faith. The regular profession, the grand old classical school, points with pride to a record of over eighteen centuries. And during this long time many side scenes have been enacted; dogmatists have flourished and then have died; innovations have been numerous; improvements slow and steady. To-day it stands as a modern school, as the scientific school of Wunderlich, Liebermeister, Virchow, Langenbeck, Koch, Pasteur, Keith, Sims, Gross, Mott, Flint, Thomas, Wood, Pancoast, Agnew. It is broad and liberal enough to entertain any views when presented in a spirit of scientific moderation. When the superintendent of the West Penn Hospital, as the paper states, "told the homœopaths that we would be pleased to receive any suggestions they might offer for the improvement of the wards, of the mode of treatment, or in the use of surgical appliances," he disgraced his position, and directly insulted the regular profession of this community, the support of which has made the hospital what it is. When the West Penn must seek the suggestions of homœopathists, it is time for regulars to drop it. The homœopath's answer to the superintendent was "that he wished the West

Penn and its superintendent were located in the Quaker city." Aye, for the illustrious profession of Philadelphia frowns upon such intercourse as intolerable. Leidy, Stillé, Rogers, Horatio Wood, Wallace, Gross, DaCosta are in Philadelphia. If the staff and management of the West Penn Hospital desire the favors of homœopathy, let them extenuate the insult to the regular profession by open avowal, and they need no longer fear favors of the latter. MEDICUS.

Shortly after reading this outburst of indignation, I determined to report the following case at this meeting, for the reasons, first, that its history is somewhat connected with the West Penn Hospital, and, secondly, that it is a most striking illustration of the truth of the law of similars, which the self-styled "regular school of medicine" deny, and with profound bigotry refuse to test.

Mr. J. B., æt. 39 years. Between eight and nine weeks before this patient called on me, he was at Braddock's Station, P. R. R., and in perfect health. Wanting to catch a train he ran at the top of his speed the distance of about three hundred yards; failing to catch the train, he sat down, but feeling chilly he slowly walked to the next station, turning sick at the stomach and vomiting on the way. That night he had cramps in the calves of his legs. The following day he felt badly; no appetite and weak. Worked at his occupation of teamster for three days, feeling weaker each day, with very poor appetite. On the fourth day from that on which he overexerted and overheated himself, he was seized with vomiting, bowels relaxed, aching of the limbs and restlessness, so that he could not lie still in bed for the pains. The diarrhœa was followed by a condition of most obstinate constipation, and violent cramping, constricting pains in the abdomen. The aching and pains in the limbs were followed by a gradual loss of power to use them. There was no appetite, and he emaciated rapidly. His disease progressed in this manner for seven weeks, during all of which time he was under the care of a member of "the grand old classical school which points with pride to a record of over eighteen centuries," who dosed him with large quantities of the nastiest drugs, and yet his bowels would not move nor his pains leave him. On the contrary, he was daily becoming more helpless and more

severely pained, with an inactivity of the bowels, which his physicians failed to overcome, either with cathartics or emetics.

It was now, at the end of seven weeks' illness, that some Grand Army friends (the patient was a member of the Grand Army of the Republic) advised their comrade to go to the West Penn Hospital, assuring him that the gentlemen composing the medical staff of that institution were men of superior ability. The man sought admission to the hospital, and remained there for between one and two weeks, and he informs me that the only treatment he received there was hypodermic injections of morphia; and during the most violent attacks of cramps in the abdomen, chloroform or ether was administered. He complained of the diet, which he said consisted mainly of beef that was very ancient, milk of a high attenuation, and sour bread. This is not worthy of notice, however, as hospital patients are given to complaining of their food, which in many instances, I dare say, is better than they have at their homes. The patient "soured" on the West Penn Hospital and left the institution.

Again did a Grand Army comrade offer counsel; this time the advice was to place himself under the treatment of the writer. Thus it was, that on Wednesday, September 17th, 1884, the very day of our visit to the West Penn Hospital, I was consulted by this patient, and elicited from him the above.

Upon close examination, I found it to be a case of paraplegia. This patient was an exact picture of the condition produced by Lead (except the gingival line). His most prominent symptoms were the following: Paroxysms of intense colic, with retraction of the abdominal walls, and often vomiting; obstinate constipation—he has the desire but not the power to evacuate the bowels; injections sometimes enable him to pass small, hard balls. General paresis, but of all the paralytic symptoms, the "wrist-drop" is the most prominent and pronounced. Wasting away of the muscles; the humerus seems to be covered by hardly any more than the integument; he can walk only with assistance of others; urine scanty and high-colored: icteroid appearance; no appetite, thirsty. There was no history of lead-poisoning, the man having all his life followed the occupation of a teamster, but his condition was wonderfully like that of men whom I have seen who work in white

lead manufactories. He had the colic, the constipation, the wrist-drop, and the general condition of what might be designated as wasting palsy.

Now for the treatment; here was a case, if ever there was a case, in which to test, whether or not a drug will cure a condition such as it produces. He was put on Plumbum met.^{30x} trit., a dose four times a day, and at once an improvement set in, the colic disappeared, his bowels became natural, appetite and sleep returned, he gradually gained flesh and strength, and can again follow his occupation of driving horses, though his wrists are not yet as strong as they should be.

SOME FEVER EXPERIENCE.

BY CHARLES MOHR, M.D.

Since August, 1884, I have carefully examined and inquired into the history of forty-six cases of enteric fever, in about one-half of which, intermittency in the pyrexial condition was a marked feature. Eleven of these cases had received Quinine in doses ranging from gr. j to gr. x, on the presumption that the fever, being intermittent, was of malarial origin, and hence, required the well-known, and the too-frequently used, antiperiodic.

Notwithstanding that Sydenham has said, that all diseases ought to be reduced to certain and determinate kinds, with the same exactness that botanists show in classifying plants, we may err in this direction, especially if such classification leads us to look for specifics for diseases. Fortunately for the art of medicine, typical cases of many species of disease are difficult to find, and the numerous typical cases which puzzle the diagnostician are the ones which stimulate the physician to a search for a curative agent that meets the indications of the person sick, irrespective of the name under which a given case of illness may be classified.

My experience has been limited to Philadelphia and immediate vicinity, but so far as it has gone, I have not met with a single case of fever since August, 1884, which was malarial enough to be cured by Quinine. In this I am not alone, for several of my colleagues, who had believed in the malarial element in their cases

sufficiently to induce them to use this drug, have admitted that a *lingering fever of no particular type* followed its administration even in cases where there had been a distinct periodicity, and that when given in other cases simply because a fever continued despite homœopathic treatment, there was a sharp rise of temperature; in a few cases the fever rose in twenty-four hours after the exhibition of the alkaloid 5° to 7° F., without any inflammatory lesion to account for such rise.

In two cases treated by myself from the start, a rise of temperature ensued on inflammatory complications, prostatitis on the twenty-eighth day, with retention of urine ensuing in one case, and pneumonitis on the eighth day in another. In a third unique case, spasm of the glottis was a distressing feature for some days in the second week, without any extra rise of temperature, although a week after my dismissal this patient died under the care of an old-school physician, it is said, of "typhoid pneumonia."

Besides these anomalous cases in my own practice, I saw, in consultation with a brother practitioner, an elderly woman, who, when apparently convalescent of enteric fever, was seized with a sudden severe chill, the temperature soon rising to 107° F., at which height it was maintained for five or six hours, then sweating ensued, the fall of the temperature in a few hours being 13° F., that is to say, the fall was from 107° F. to 94° F. There were several such paroxysms, and yet a careful examination by myself, and by Dr. A. R. Thomas, who was also a consultant in the case, failed to reveal any inflammatory lesion, although I suspected a deep-seated suppurative process, such as I had witnessed some years before in a case with similar febrile phenomena, the post-mortem revealing suppuration of the pancreas, with involvement of the liver, omentum, and duodenum. In the case of this lady, the Sulphate of Quinine, in 2-grain doses every four hours, was of no avail. After a prolonged illness, she died under the immediate care of the two physicians who had her in charge from the first, with Dr. C. G. Raue as consultant.

Soon after this my attention was called to the case of a child who was allowed to be dressed and about her room, although she had every indication of typhoid fever, when Dr. O. S. Haines, who told me of the case, was called in. On being put to bed she im-

proved, but several days later severe nose-bleed set in, and, although the hæmorrhage was stopped by Monsel's solution, prescribed by Dr. H. Knox Stewart, who was summoned in the emergency, the child died on the following day of heart failure, on attempting to get out of bed to go to a window of her room. A post-mortem examination proved the correctness of the diagnosis made by Dr. Haines. If I am not mistaken, this child was treated for "malarial fever" in the beginning of her illness, was not put to bed, and Quinine, doubtless, was used *secundum artem.*

Of the forty-six cases treated only two died under my immediate care. The first one was that of a young man (aged twenty-two), who, in September, 1884, felt quite unwell, and, on the supposition of his parents that he was "run down," was sent to Atlantic City to recuperate. After his return he was somewhat better, and in October accompanied a political organization to a town on the Delaware. During the ride home in the steamer after midnight he felt chilly. The march home through the streets warmed him up somewhat, but after a restless sleep of a few hours in the early morning he arose feeling quite ill. Later in the day he had a chill, followed by fever, when an old-school physician, who was summoned, soon decided that he had contracted "malaria on the river at night," and prescribed a dozen pills of Quinine, of 2 grains each, to be taken in twenty-four hours. The patient thereafter had two more chills on alternate days, and, dissatisfied with the result of the Quinine, I was called to attend him on October 24th. I found him complaining of confused headache and buzzing in the ears, loss of appetite, some thirst, with desire for lemonade, soreness of the throat when swallowing, sick stomach, and constipation. The tongue was slightly coated though moist, and his eyes were dull looking, and the conjunctiva somewhat congested. Some tenderness to deep pressure was experienced in the right iliac fossa. Temperature in the mouth 100.6° F. at 10 A.M. I put him to bed, advised a milk diet, and gave *Bellad.*[3]. That evening at 8 o'clock the temperature was 102° F.; on the following day the morning temperature was 100.8° F., the evening temperature 102.4° F., the subjective symptoms a trifle better. On the third day of my attendance I found him decidedly better, tongue cleaner, morning temperature 99° F. On the fifth day changed remedy to *Nux*

vom.[3], for persistent constipation, with frequent ineffectual desire for stool. The next day he had a satisfactory movement of the bowels, and that day the temperature was normal, both morning and evening, and it so continued until November 2d, when I ceased attendance, cautioning him to be very careful about his diet, and to avoid exercise. I looked upon the case as an abortive typhoid. Despite the earnest entreaties of his mother, on November 4th, he proceeded to the polls to vote, and walked about two miles to his tailor to order a new suit of clothes. On reaching home he complained greatly of being tired, and went to bed; he passed a sleepless night, and on the morning of November 5th had a chill, when I was again sent for. The symptoms called for *Bryonia*, but it did no good, neither did *Baptis.*, *Bellad.*, *Hyos.*, *Stramon.*, nor *Zincum*, which were administered as called for, by symptoms that were distressing in the extreme. From November 9th till November 13th he was delirious day and night, and almost uncontrollable. He imagined that he was a condemned criminal, being taken to the gallows to be hanged; he would make violent efforts to escape from his keepers, whom he imagined were armed soldiers, and after vain attempts he would fall back into the arms of his nurse exhausted, and exclaim: "It's no use, it's no use, I must die! Don't you see the gallows?" On the morning of November 13th (eighth day of the relapse) rose spots appeared on the abdomen, which, up to this time, were entirely absent, and the delirium was not so active. In the evening I detected the first, but ominous, signs of heart failure, and despite stimulation, he died at 2 A.M. of November 14th. An autopsy was not permitted.

The second fatal case was that of a girl, aged seventeen years, who died December 10th, 1884, about the time I was busiest with my fever cases. There was no history given of intermittent fever, nor of any fever antecedent to my first visit, but at that visit, and during the three succeeding days, I found considerable fever, with remission, the thermometer indicating an evening temperature of 105° F., and a morning temperature of 101° F. I will give a concise history of the case as I got it from an aunt of the young woman, on December 7th, when I was consulted.

Henrietta B. had always been a wayward girl, with an uncon-

trollable temper, a subject of hystero-epilepsy, but in other respects healthy. She had got into bad company a few weeks before, and, one evening, after indulging freely in chicken salad, ice-cream, etc., at a fair, was seized with a convulsion. The nearest physician was summoned, and she was treated by old-school methods for two weeks, during which time the convulsions grew more and more severe till the ninth day, and then ceased. At this time her attendants were advised by the physician not to allow her to sleep, but to keep her thoroughly aroused, and, later, were directed to have her dressed, and compel her to waltz to the music of a piano. These instructions were carried out until the girl was completely exhausted, and growing more and more stupid; the attending physician said he could do no more for her, that all that was necessary was to prevent her from sleeping too much by engaging her in conversation, or by any other means. Dissatisfied with the physician, he was then dismissed, and I was called in. I found the girl in a stupor, and with every indication of being in a typhoid state. Her face was dusky red, eyes congested, pupils contracted; tongue protruded with difficulty, was brown, dry, and cracked; sordes on the teeth, and an offensive odor from the mouth were among the objective symptoms. She could be aroused only with difficulty, would slowly answer questions, and soon relapse into stupor after a little meaningless muttering. The abdomen was tympanitic, and some gurgling could be detected by palpation, but no pain could be elicited by the deepest pressure in the right iliac fossa. I found a very large abscess in the right labium, which had been overlooked entirely by the former physician. I opened the abscess by a free incision, the pain of the operation being scarcely felt by the patient, the stupor was so profound. On being pushed for a diagnosis and prognosis, I admitted being puzzled, because of the peculiar history, and stated that my impression was that it was an anomalous case of typhoid fever, and that the prognosis was very unfavorable. I could not see why the old-school physician had directed the violent exercise to rouse her from her stupor, unless he had looked upon the case as one of hysteria, or that he had given opium too freely to control the convulsions. To get his view of the case I wrote to him, but only got the following unsatisfactory reply:

PHILADELPHIA, December 9th, 1884.

DR. CHARLES MOHR.

DEAR SIR: Yours of the 8th inst. received. Miss B——, when under my care, had epileptic seizures, and presented the usual (but aggravated) nervous phenomena accompanying such attacks.

Yours respectfully,

J——— H. L———.

My treatment of this case was most unsatisfactory, as I could not perceive the least benefit from any medicine administered. Dr. E. A. Farrington, whom I consulted, agreed with me that the cerebral congestion was the most important element in the case, and we applied remedies accordingly, but unavailingly, and on December 10th she breathed her last, never showing any signs of consciousness since two days before. Assisted by my student, Charles E. Spahr, I made a post-mortem examination, and, as I had expected, found the agminate and solitary glands of the ileum congested and in a state of necrosis.

Did time permit, I would gladly give an analysis of all my cases, with the indications for the remedies used. On the latter point let me say, simply, that the effective medicines were: *Antim. crud.*, *Arnic.*, *Arsen.*, *Baptis.*, *Bellad.*, *Bryon.*, *Canthar.*, *Carbo veg.*, *Cinchon.*, *Eupato. perf.* (had to be followed by *Bryon.*), *Gelsem.*, *Helon.*, *Hyos.*, *Ignat.*, *Ipec.*, *Kali bich.*, *Laches.*, *Nux vom.*, *Pulsat.*, and *Sulphur.*

Twenty-five years ago Dr. Wood, of this city, in his *Practice of Medicine*, wrote that mild cases of typhoid fever are often mistaken for miasmatic fever. Other writers, in places where the local environment is about the same, and in places where it is different, also agree with Dr. Wood. Harley has said: "One of the most general facts observed in reference to enteric fever, is the frequent occurrence of intermittence in the pyrexial condition," and Trousseau before him: "Enteric fever may simulate at first intermittent fever" (*Clinique Méd.*, 2d edition, p. 247). Indeed, all writers agree that the diagnosis at times is difficult; Sternberg, in his *Malaria and Malarial Diseases*, declaring that during the first week of typhoid an exact diagnosis is in many instances impossible. These statements of careful and experienced authors should make physicians in this latitude very cautious before deciding that fever

cases are malarial; and especially does this caution need to be exercised by those of our own school of practice, who, notwithstanding all the arguments that have been made, from Hahnemann's day to this, against the practice, will give Quinine in 1- and 2-grain doses, or 5- and 10-grain doses in intermitting and remitting fevers, to the detriment of their patients, and for no other reason than the claim that is made for it, that Quinine is a reliable *test* for malaria. Precious time may be lost in applying the test!

It has been questioned by good observers, whether, in cities located as Philadelphia is, there is a poison capable of producing the typical intermittents or remittents of swampy sections. Nearly all the fever cases here occur in the fall and spring, and even in cold weather it is not uncommon to meet with cases, one evidence that it is not the same miasm which produces typical ague, and which is most potent in hot weather. Whatever malaria there is hereabouts, the emanations from sewers and cesspools, in which there is decaying animal as well as vegetable matter, so modifies it that the fevers resulting are, according to my experience, at least, of a mixed type, to exactly designate which, the term malarial-typhoid might be justifiably employed. I am not at all certain, indeed, whether there is not a continued fever, neither malarial nor typhoid in origin, which may or may not result in bowel lesion. I prefer, however, to treat all doubtful cases of fever, even if beginning like an intermittent, as typhoid, and thus get the great advantage to be derived from the *morale* of good nursing, which is looked upon in almost all homes as a *sine qua non* in enteric fever. One constant condition in the mildest of my cases, and a condition met with by several physicians of my acquaintance, in cases they had treated as "chills and fever" with Quinia, I have looked upon as very suspicious of enteric fever, to wit: very slow convalescence even after the chill paroxysms have entirely ceased, the patient being constantly weary, and having an exacerbation of fever from the least indiscretion in diet or exercise, or of mental application, even after the temperature has been normal, morning and evening, for days at a time.

Has my experience been an exceptional one? I would like the following points discussed by my professional brethren here assembled, viz.:

1. Are the enteric fevers of this locality malarial in the restricted sense of that term?

2. Are the emanations of sewers and cesspools modifiers of malaria, or are these alone the factors producing intermitting, remitting, or continued fevers?

3. Is any large proportion benefited by the Quinine treatment?

4. What is the relative average duration of cases in which Quinine has, and has not, been used?

5. What is the relative mortality in cases where Quinine has, and has not, been used?

DISCUSSION.

Dr. D. Cowley asked, with reference to Dr. Morgan's paper, where the connection comes in between the case of measles reported as tuberculosis and the one in which there was a post-mortem. He would not call that a case of tuberculosis. He failed to see any connection between the two cases.

Dr. John C. Morgan replied that his paper had been written hurriedly, and was not above criticism. He should revise it for publication, and then would answer Dr. Cowley's questions in full.

Dr. Wm. J. Martin said that cases often appear to be typhoid and yet have a distinctly malarial type. In these cases Chininum Ars.^{2x} will often restore health, or perhaps straighten out a very much mixed-up case.

Dr. H. Pitcairn said that in Harrisburg there were several physicians who called everything malaria. He did not agree with Dr. Mohr as to the use of Quinine. He himself used it. He used everything he could get to do work. He then referred to a case of a young lady, seventeen years of age, who was under treatment for malaria by an old-school physician, and had received on the days that she felt badly fifteen to twenty-five grains of the Sulphate of Quinine in three doses. She finally came under his charge, because her doctor had given her up as a hopeless case, or rather his prognosis was so uncertain that the family dismissed him. Her temperature, if he remembered rightly, was one degree less than normal. She was bathed in a cold perspiration. Her bowels had been constipated, but under the influence of purgative medicine

they were loose. The patient appeared to Dr. Pitcairn to be in a state of collapse. He gave her Veratrum, and there was manifest improvement in the next twelve hours. He followed the Veratrum with Ipecac., she having great nausea. The improvement continued. For one week after this it was an uncertain case. As the symptoms showed themselves, Dr. Pitcairn prescribed from day to day until at the end of a week it was a plain case of typhoid fever, which ran a mild course under homœopathic treatment, and the patient got well.

Dr. C. H. Hofmann said that three years ago he had treated a child with inflammatory rheumatism. Rhus tox. was the remedy prescribed, and in about three or four days all the symptoms of rheumatism disappeared. One week after this she was taken with chorea, and an obstinate case it proved to be. It was rebellious to everything. There was some gradual improvement and she was taken into the country, and there by the advice of an old lady she was given Scutellaria, which aggravated the case. She did not get well until she came East to the sea-shore.

In Pittsburgh obstinate intermittents are rare, and when they do occur they are generally mixed up. He had recently treated such a case. The patient was at Atlantic City in the summer, and came home with an intermittent. It was rebellious to treatment, and she went to the country. The symptoms pointed to Ipecac., which was given. After that various remedies were given, with no special benefit. Next Sulphate of Quinine was prescribed, with no effect whatever. She was then removed to the city, when, despite the fact that Ipecac. had already been given, that remedy was prescribed once more. She had only one chill after the first dose of Ipecac.

Dr. Pitcairn said that by the advice of Dr. J. P. Dake he had used Ipecac.^{1x}, one grain in half a glassful of water, administered every hour.

Dr. J. S. Skeels did not think that Quinine was a very good remedy for fevers. He took a little different view of the treatment of fevers from many physicians. From *his* study of the Materia Medica he had been led to believe that Aconite is a chill remedy. He further thought Belladonna a very good fever remedy, and a very poor one for chills. For the sweating stage he hunts up some

other remedy, as Mercurius or Veratrum. He would not think of prescribing Aconite or Quinine for fever but for chill.

Dr. T. S. Dunning said that he had never seen noted the fact that under homœopathic treatment the stage of constipation in typhoid fever never ceases. In some cases, where the diagnosis was clear, there would be no constipation. He had seen cases in which there was no movement of the bowels for twenty-one days. He had often wondered whether he had made a mistake in diagnosis. He did not see how, in the case of Dr. Morgan's, the diagnosis of acute tuberculosis could be made.

Dr. John C. Morgan said that he did not know of any disease that would keep the pulse and temperature up so persistently for six weeks except tuberculosis.

Dr. H. Knox Stewart said that in these cases of indefinite malaria he was in the habit of using Cornus florida with good results.

Dr. Charles Mohr asked Dr. Stewart for his indication.

Dr. Stewart replied, when every other remedy fails and the chill comes at irregular hours.

Dr. Cowley referred to the extensive use of Cedron in the West. He himself had used the remedy with success.

Speaking on the subject of chorea, he said that he once had a case which came on shortly after an attack of rheumatism. It was cured by Bryonia. In every other case of the disease seen by him he could find no connection between rheumatism and chorea.

Dr. Yoder recommended Eucalyptus as a remedy for malaria unaccompanied by chill.

Dr. Bartlett said that the case reported by Dr. Hofmann was but one case and should be so estimated. He himself had had a similar case, but it was not until he had seen seventy-four other cases of chorea.

Referring to the subject of fever, he observed that he had met with a number of cases of fever presenting all the phenomena of typhoid fever, but with a peculiar temperature curve. The evening temperature was always higher than that of the morning, and there was an aggravation of the fever on alternate days. In these cases Quinine was useless. They followed the usual course of typhoid fevers.

Dr. Charles Mohr was glad that the testimony of those who

had spoken was against the use of Quinine in the mixed forms of fever. He hoped that this would go out and affect our community. It is a common thing for people to prescribe Quinine for themselves, much to the detriment of their health. Dr. Martin, who has had an extended experience in Pittsburgh, speaks of the Chininum arsenicosum. Dr. Mohr could bear testimony that the symptoms are those that we find present in the mixed forms of fever, for he was one of the provers of that remedy. It will help where Quinine and Arsenic will do no good. He had used Cedron in fever with marked periodicity, but not where a typhoid element had entered into the case. He thought that the Eucalyptus and the Cornus were well worth consideration, especially as there has been abundant clinical testimony as to the efficacy of these two drugs. Dr. Skeels speaks of Aconite as a chill remedy, but he gives no testimony as to its being a remedy for the chills of ague. Belladonna is a fever remedy when there is localized congestion or inflammation. In his own experience, Dr. Mohr had derived considerable benefit from Belladonna in the treatment of typhoid fever. Many of the symptoms during the first and second week of the disease are covered by this remedy. Besides this there is present a localized congestion which Belladonna has the power of arresting. In reference to Dr. Dunning's remark on the prevalence of constipation rather than diarrhœa in typhoid fever under homœopathic treatment, Dr. Mohr said he did not interfere with the constipation. Dr. Hering made a point of that fact in his treatise on typhoid fever. He says that the bowels ought not to be disturbed, for the constipation is a simple symptom and does not give rise to subjective symptoms. When it is necessary to treat the constipation, an enema is the best means at our disposal.

Turning to the subject of chorea, Dr. Mohr referred to Veratrum viride as a valuable remedy, but one whose value was not sufficiently recognized. A man had chorea eight years. This remedy was prescribed in his case with marked results.

THE REPORT OF THE BUREAU OF OPHTHALMOLOGY AND OTOLOGY

Was presented by the Chairman, Dr. H. F. Ivins. It embraced the following papers:

Errors of Advice, by W. A. Phillips, M.D.

Aural Surgery *vs.* Homœopathic Therapeutics, by H. C. Houghton, M.D.

Penetrating Wound of the Eye, by R. W. McClelland, M.D.

Diplopia, by W. H. Bigler, M.D.

Case of Nervous Disease in a Child attended by Inverted Vision, cured by Cannabis Indica, by Clarence Bartlett, M.D.

Aphonia, by H. F. Ivins, M.D. (For the Philadelphia Medical Club.)

Cystic Goitre Cured by Operation, by H. F. Ivins, M.D.

PENETRATING WOUND OF THE EYE.

BY R. W. McCLELLAND, M.D., PITTSBURGH, PA.

Experience has shown that penetrating wounds of the eye are almost invariably followed by either impairment of vision or total loss of sight. Especially is this true of those cases in which the injury is caused by a blunt-pointed instrument, and involves the structure of the lens. In the latter case the prognosis may be set down as more than doubtful. Some interest may, therefore, attach to the following case, in view of the unusual results attained.

Was called August 3d, 1885, to see W. K., a bright, healthy child, æt. 3½ years. He had been playing on the bed with a pair of scissors, and while lying on his back, trying to chisel a wart from one of his fingers, the scissors slipped and the large blade penetrated the eye. I saw the child very shortly after this occurred, and found an external corneal wound of about 7 mm., extending obliquely upward from the periphery, thus involving about two-thirds of the corneal surface; a lacerated wound of the iris and an unmistakable penetration of the lens. The extent of

the lens wound could not be determined, though there was no prolapse of the vitreous. These conditions had just been made out and a correspondingly unfavorable prognosis given, when Dr. S., a well-known oculist, who lives near by, was observed passing, and was called in. I was very glad to have the testimony of another man at this critical moment, as I felt certain of my position. His testimony substantiated mine in every particular, and the prognosis, as given, was: 1st. The immediate danger to the eye from destructive inflammation, and 2d, the almost certain development of traumatic cataract subsequently. In the meantime, the anterior chamber had filled with blood. A 4-gr. solution of Atropia was instilled into the eye and a compress and bandage applied; cloths dipped in ice-water containing a solution of Hypericum were applied at short intervals; Bell.^{3x} in water was administered internally every hour; Chamomilla^{6x} and Spigelia^{3x} were administered at times to relieve pain and restlessness, and proved effective; after the first day Calendula was substituted for the Hypericum.

As soon as all immediate danger of destructive inflammation had passed away, Kali jod.^{3x} was administered, for the purpose, if possible, of bringing about resolution. At the end of two weeks the anterior chamber was found to have cleared up considerably, but, owing to intense photophobia and lachrymation, no satisfactory view could be obtained.

At the expiration of the third week, all trace of inflammation had disappeared; the anterior chamber and lens had cleared up completely, but the free edges of the torn iris were firmly attached to the inner surface of the cornea. He was now able to distinguish objects in the partially darkened room, but, owing to close confinement, the general condition of the system had become greatly reduced. The bandage had been removed in the meantime, and he had been allowed to play about the darkened room under close watch. The bandage was restored, covered with a light veil, and the child kept out of doors in charge of the nurse; as a result, the appetite and general health improved at once. At this time, September 23d, there is still some photophobia and lachrymation; he uses smoked-glass goggles indoors, and these are covered with a light veil when he goes out. The appearance of the eye is normal, with the exception of the hardly noticeable

anterior synechiæ; vision is slightly impaired by the photophobia and lachrymation, but, as far as can be determined, otherwise normal.

In stating this result to Dr. S., who, by the way, is an old-school surgeon, he said it was the most remarkable he had ever met with in an experience covering a period of twenty years.

AURAL SURGERY *vs.* HOMŒOPATHIC THERAPEUTICS.

BY H. C. HOUGHTON, M.D., NEW YORK.

At a time when members of our own school are becoming skeptical as to the real value of their methods, and, suspecting that the results of practice in past years were mere chance effects, are drifting into expectancy or empiricism; at a time when members of the old school are awaking to a realization of the fact that the greater success of the new-school physician is due to his practicing according to a principle; at this time, when men should look for more exact methods in their care of the sick, it may be well to consider some reasons for our faith, to be drawn from special study and practice.

Let me therefore ask your attention to a contrast between aural surgery as generally practiced by the dominant school, and the same supplemented by homœopathic therapeutics, and afterwards give some reasons for my belief in our methods, based on personal experience.

The contrast to which I refer is that between the mechanical and the vital, the tangible and the intangible, the material and the immaterial; and we are liable to be overthrown by the demand of science for evidence which consists in so many feet of surface, so many pounds' weight. *Vis medicatrix naturæ* never paid deference to coarse demands.

Great credit is due those who have studied the mechanical. Two items may illustrate: The practice of aural surgery has been transformed and placed on a basis of scientific merit by the invention and introduction of the otoscope, or aural mirror, of Von Troltsch,

and the method of inflation of the tympanum now known over the world as "Politzer's Method." Previous to Von Troltsch's application of the principles of reflected light for aural examinations, aurists depended on direct illumination, and the art was a neglected one; his instrument was the entering wedge for better and more exhaustive methods of study. Politzer's apparatus is so simple that any one can use it, hence the abuse of it in lay hands; but it is simply invaluable when intelligently applied. Other instances might be cited, showing the apprehension and application of various devices by which the functions of the ear have been improved as well as studied. While we have been busy in the study of materia medica and therapeutics, our colleagues of the other side have been equally earnest in the study of diagnostics, and it were well for humanity if both parties were broad enough to join forces for its welfare in sickness, its protection in health.

The administration of remedies is in the same direction; the local application of remedies to relieve pain, or to produce tissue changes by direct action; the use of large doses of iodide of potassium and corrosive mercury as alteratives, and of quinine, iron, etc., as tonics, may be mentioned as general exceptions for constitutional effects. Such good results have followed these methods, and such evil has resulted from excessive medication, that one cannot wonder at the caution exercised by those who have not studied our methods.

Turn now to homœopathic therapeutics. The ear, like the eye, offers an opportunity for studying all the tissues that enter into the human organism; integument, mucous membrane, bony framework, nerves from cerebro-spinal and sympathetic systems, in addition to those of special sense. The external ear presents those structures that are affected by diseases of the skin, subcutaneous tissues, and periosteum; the middle ear those of mucous membranes, the lining of the tympanum being periosteum to its osseous walls; while the internal ear is lined by a complicated duplicated serous membrane, some of which, in its double relation, is also periosteum on one aspect. We find that this complex organ is not an exception to the accredited action of remedies upon similar tissues in other parts of the body.

We are sometimes told with a sneer, that Hahnemann was not

a pathologist, and that none of his disciples have done anything worthy of mention in medical science. Hahnemann was a physiologist, and laid the basis on which other less gifted men have built the much-lauded superstructure of "physiological medicine" so called, at the same time that they deny to his name the credit which is due; few men can bear obloquy, hence it is easier to say physiological medicine than homœopathy. The work that Hahnemann did in the face of ignominy, the originality, the disinterested devotion to truth, may support our claim that to-day he would be abreast the foremost in any line of original research.

In later years, as our school has grown in numbers, in means, in opportunities, special lines of study have confirmed general truths. While the pathologist has been making great advances in determining shades of diagnosis, we have been equally active in the discovery and confirmation of means to cure.

One of our colleagues tells the following. He graduated in the old school, and years after met a classmate, who detailed the history and symptoms of a case in his practice. Our colleague said: "Doctor, do you want me to tell you the first thought in your mind after considering the details of that case?" "Certainly." "Well, you thought, what is the matter with this patient?" "Yes; and what would be your first thought?" "What will cure him?"

The great wonder to the neophyte to homœopathic practice is this, that a dilute preparation of some single drug should select some special tissue or organ for its sphere of action. We have become so used to this trite experience, that we forget our own early wonder and delight.

The affections of the external ear most frequently seen are dermatitis, in acute or chronic forms, furuncle, and, more rarely, phlegmon; the regular treatment of these is *local*, unless the administration of cod-liver oil may suggest the action of Iodine in minute doses; the treatment of acute forms of skin disease is relieved by cooling applications, while sleep is induced by some form of opium; chronic dermatitis is *cured* by local applications, notwithstanding the fact the constitutional dyscrasia creeps out in some other locality; the phlegmonous inflammation is mitigated by local agents, and runs its limited life; the indication being to sustain the patient and induce sleep. The integument being scari-

fied to relieve tension if superficial application fail. Furuncle must be aborted by free incisions, and diffuse inflammations of the meatus auditorius externus laid open to the deeper tissues. Does any one object, and say these methods belong to the past? I am sorry to say that they are practiced and enforced to-day in our public clinics.

Contrast with these the course of cases of inflammation of the deeper tissues about the ear when under the influence of *Belladonna*, *Hepar sulph.*, *Mercurius*. The course of the disease is not only cut short, but the extreme suffering is lessened, and the liability to recurrent attacks diminished.

The same is true of Iodide of arsenic and Iodide of sulphur in chronic dermatitis. The local symptoms are relieved and the constitutional dyscrasia overcome.

Furuncle, a perifollicular inflammation of the outer third of the meatus, has been arrested by *Picric acid* or *Picrate of lime* in numerous instances. The general symptoms of *Picric acid* led me to the use of the drug, and the action of *Hepar sulph. calc.* to the union of the two drugs.

The study of diseases of the mucous membrane of the middle ear opens so wide a field for illustration of this subject, that I can only touch upon it. We are indebted to our friends of the opposite side for valuable leadings to specific medication, in that they have given very extensive observations on the toxic effects of drugs which had previously been unstudied; these effects are crude suggestions, which we may follow into more careful details, and learn the real merits of the drug. In the case of *Mercurius dulcis* I was led to its use in the lower triturations from reading Toynbee's treatise, and found it very effective in overcoming the obstruction of the Eustachian tube by reducing the engorged mucous membrane of the naso-pharynx.

Capsicum annuum would probably have passed without notice unless some hospital experimentation had confirmed the local external symptom, and defined its actual, although limited, scope of action. The use of *Ferrum phosphoricum*, of *Kali muriaticum*, of *Magnesia phosphorica*, and other salts, was suggested to our school, by one who is far from agreeing with our theories, but they have been tried and their more minute indications discovered.

Similar work remains to be done, but we have at hand remedies, the action of which is well known upon the mucous membrane elsewhere in the body, and the indications laid down in the very earliest books on homœopathic practice, guide us to-day as surely as they did the pioneers. *Belladonna*, *Chamomilla*, *Pulsatilla* are as valuable to-day as a century ago, and have saved many patients from the knife. *Hepar sulph.*, *Calcarea*, and *Mercurius vivus* are as valuable to limit a suppurative process, and *Silicea* to hasten repair, as they were before some of our friends of the opposite side became so enthusiastic over the *Calcium sulphide*. As though a rose by any other name would smell as sweet! Operations on the drum-head are not so likely to become necessary under our remedies, and repair is much more prompt and perfect.

Chronic suppuration of the middle ear is the bane of the aural surgeon's experience, and while he must not neglect the use of all local measures consistent with internal medication, he will find that close study of the characteristic symptoms of discharges, etc., will lead to a remedy which will supplement the local cleanliness, antiseptic applications, etc.; too many cures have been made by our remedies, by those who did not claim any knowledge of aural disease, for any one to deny the assertion. It is not the purpose of this paper to consider in detail, remedies by which repair of tissue is induced; therefore we proceed to speak of the internal ear. Here we are again at an advantage, because we have remedies to act on the structure of the labyrinth, and even the auditory nerve. Instrumental treatment, directed to the middle ear, will relieve hyperæsthesia of the auditory nerve, depending on pressure at the stapes and foramen rotundum, and hypodermic injections over the mastoid have been of some value, but are far inferior to remedies in the form of triturations, or dilutions of lower potencies. Again, subjective conditions of the auditory apparatus are frequently the result of remote disturbances and functional failures. These are overcome by remedies prescribed on generalities, even when a close differential diagnosis was impossible. Pathological study of the internal ear has not been of as great service in solving clinical observations as it has been in the middle ear, but the action of *Quinine*, *Salicylate of soda*, *Muriate of pilocarpin*, and a few other salts, suggests the possibilities open to the future.

It would be an interesting study to make a close analysis of remedies acting on the ear, classifying those which act with preponderating force on tissues, and compare this analysis with those previously made on other organs, but enough is known to show that a general rule underlies all drug action; like not only cures like, but, action on fibrine connective tissue, on glandular elements, on epithelial structure, in one organ or system, argues a similar action in the structure of another. Time will not allow more than a suggestion. Every new drug must be tested in this manner before its entire range can be determined, and some such tests have given valuable information.

It is unnecessary that I should go into a contrast of the experiences of discomfort or actual suffering. At one of the clinics in New York a physician saw a little child shrink from the manipulation of one of our most skilled specialists. "Madam! what is the trouble with your child? You must teach her to obey. Where has she been treated?" "At Twenty-third Street Hospital." "Bah! that accounts for her actions; those miserable homœopaths just demoralize the patients!"

There are always early birds as forerunners of the coming spring, and there are medical men who are in advance of their fellows—on the lookout for better things. This is evidenced in the fact, that a member of the New York Academy of Medicine read a paper before that celebrated body, entitled "*The Treatment of some forms of Ear Disease by Milder Methods than those usually in Vogue.*" It is to be regretted that the gentleman did not have moral courage to tell his fellows just the sources of his knowledge, but he had good reason to fear the ire and the fire, as recent contests between old code and new code have shown that there is plenty of both elements in its organization.

Homœopathy has modified the practice of medicine to such a degree, that the physician of fifty or seventy years ago, would hardly give credence to the evidence coming to his eyes and ears as he woke from a sleep like that of Rip Van Winkle. Hasten the day when beneficent medicine shall have done its complete work!

ERRORS OF ADVICE.

BY W. A. PHILLIPS, M.D., CLEVELAND, O.

It may in all fairness be asserted that oculists have contributed largely in their department to the relief of human suffering, deformity, and blindness. But while this field affords scope for all their energies, still one other duty to the public and to the profession is apparent. This duty is the education of the general practitioner in the line of giving intelligent advice, or none at all. Cases are continually coming under observation which have been taking some random prescription for want of even an attempt at a correct diagnosis, or have been advised by the family physician to do nothing at all, but await the restorative power of nature. Many of these are cases, too, so severe that if symptoms of corresponding severity existed in any other part of the body except the eye, the physician would dive into his library, or call some one greater than he, if he could be found, to his aid, and not rest till the proper remedy was found and applied. To say nothing of injuries and dangerous inflammatory diseases, the most common error physicians make is in taking it for granted that "weakness of the eyes," often associated with redness of the lid-margins, is a disturbance exclusively due to over-use or impaired health; and hence, that internal remedies, or rest, or both, will suffice for entire relief. The fact is, that a purely functional disturbance of the eye is rarely met with due either to over-use or bright light. Furthermore, reflex action is not a common cause of inflammation of the eye or of asthenopia. Aside from Bright's disease, uterine maladies are perhaps the most usual of the causes producing an eye trouble of a purely reflex origin; but even this is rarely met with, compared with the whole number of cases continually occurring.

The important matter to be recollected is, that the immense majority of the cases coming under the care of the family physician, and which cases are vaguely called "weakness of the eyes," are due to some error of refraction, which in turn is commonly due to an imperfectly formed eyeball. These errors of refraction are hyperopia, myopia, and astigmatism, singly or combined. But a physician takes a work on ophthalmology and reads that hyper-

opia and astigmatism are, as a rule, congenital defects, a malformation, and that myopia, if not actually congenital, is generally very early developed, the globe undergoing a change of shape. Therefore, the inquiry naturally arises: 1. Why do not asthenopic symptoms always arise so soon as the child begins school? and, 2. Why, if the symptoms are due to an anatomical defect, will medicines often give relief for weeks, and sometimes for months at a time?

Both these questions involve an assumption which is not warranted, namely, that the malformation of the globe is the immediate cause of the asthenopia. The immediate effect of the malformation is to produce imperfect vision. To improve the vision the child unconsciously brings the ciliary muscle into play, and in the effort to make the vision perfect the strength and endurance of the muscle is overtaxed, and hence the asthenopia.

The questions are now easily answered. To illustrate, let us suppose a case of pure hyperopia; now, the development of asthenopic symptoms will depend on the degree of the defect, the amount of use to which the eyes are subjected, but principally on the strength and endurance of the ciliary muscle. The eyeball being too short from before backwards, the rays of light from a distance, even, will not focus on the retina without the aid of the ciliary muscle to render the lens more convex than when in a passive state. If now $\frac{1}{20}$th of the accommodation is exercised for distance, in order to make vision clear, it is plain that only $\frac{19}{20}$ths of the power of accommodation remains to do the work of $\frac{20}{20}$ths in the exercise of the eyes for near vision. How long the child will be able to study, making a power represented by 19 do the duty of a normal power represented by 20, will depend, I repeat, upon the vigor of the ciliary apparatus. Some patients, with a high degree of the defect, will use their eyes for years without apparent effort, when they will suddenly give out, and no amount of rest or internal treatment will avail to restore them, properly selected glasses being the only means of relief. Others, with so slight a degree of the defect as to seem hardly worth correcting with lenses, will suffer constantly with asthenopia until the error of refraction is met by suitable glasses. In the first case the ciliary muscle is naturally strong; in the other, weak. Frequently

measles, whooping-cough, diphtheria, scarlet fever, or any disease to weaken the child, will affect the eyes so that their use cannot be resumed without producing unpleasant symptoms; and the family physician assumes that the disease from first to last was the entire cause of the subsequent eye trouble. On the contrary, in nearly every such case, there existed an error of refraction, and the letting down of the tone of the ciliary muscle, in consequence of the constitutional affection, occasioned the asthenopia. It is here that the physician often makes an error of advice greater than the error of refraction. He often assures the parents that with the restoration of health will come the lost vigor of the eyes, and this is frequently the case; but if the strength of the eyes is not very soon restored, and the child is allowed to use the eyes when there is more or less pain or dimness of sight, there is danger that a serious and perhaps irreparable trouble will be produced. This is especially the case if the patient be of a delicate constitution, or if there be a tendency to myopia.

In a word, then, I answer the first question by saying that errors of refraction do not always produce early symptoms of asthenopia because of the great potential and actual strength of the ciliary apparatus. Secondly, internal remedies often give temporary relief by restoring the lost energy of the ciliary apparatus, or by relieving spasmodic action.

In conclusion, I have to suggest that in all cases in which you have the least doubt respecting a reasonably correct diagnosis and prognosis, recollect that "Two heads are better than one."

DIPLOPIA.

BY WILLIAM H. BIGLER, M.D., PHILADELPHIA, PA.

Diplopia, or double vision, though only a symptom, is met with often enough in general practice to lend importance to a consideration of its cause, significance, and treatment.

The faculty of *single binocular vision* is congenital, but its development belongs to the first weeks of infant life, while the roving eyes learn harmoniously to fix the strange objects presented to

their gaze, and the unsightly squint gradually ceases to alarm the inexperienced mother. When this binocular fixation is undeveloped, either from central or peripheral defect, we have congenital strabismus, generally alternating and intermittent at first, but in time becoming permanent in one or the other eye according to its relative acuity of vision.

Monocular diplopia, or double vision with one eye, occasionally occurs. In all alleged cases of this kind the greatest care must be exercised in testing its actual existence. It occurs most readily in cases of irregularity in the construction of the lens, or of the cornea, and may depend also upon irregular action of the ciliary muscle, whereby the refractive power of the lens is varied in its different parts. It has also been met with where *post-mortem* brain lesions have been found.

We will not occupy ourselves with this rare form of diplopia, but at once proceed to consider binocular diplopia.

Single binocular vision depends upon the harmonious action of the external conjugate muscles of the eyes, whereby the visual axes are jointly directed to the same point. In order that we may see but a single object while looking at it with two eyes, the rays of light emanating from the object must fall upon corresponding portions of the retinæ, guided by the impressions made upon the maculæ lutæ, the centres of distinct vision. For all objects not falling upon the fovea, we have diplopia, no matter how trifling their eccentricity may be. This can readily be seen by fixing with both eyes an object at any distance, and then interposing another object. This latter will appear double, so long as it is not made the special object of attention, *i.e.*, so long as the fovea of the eyes are not directed to it.

Any disturbance of harmony in the activity of the external muscles of the eyes, therefore, will result in a deviation of the visual axes, some degree of strabismus, and consequent diplopia. Every case of diplopia is attendant upon some degree of strabismus, although in many troublesome cases of diplopia it is so slight that there is no perceptible deviation of the faulty eye. The two images in such slight deviations are so nearly superimposed as to produce rather a blurring of vision than clearly defined diplopia. This often proves a fruitful source of error, leading to the supposition

that it is caused by error of refraction, the correction of which, however, may lead to the annoyance complained of, unrelieved.

The position of the false image relatively to the true one in diplopia gives us the important distinction between *homonymous*, and *crossed*, diplopia. If there be convergence, say of the right eye, while the left fixes the object, the visual axis of the former will cross that of the latter to the inside of the object, so that the image in the converging eye will fall to the inner side of the fovea. Such an image in a normal eye would belong to an object situated to the outer side of its visual line, and in this direction the false image is projected, therefore, to the right side, or the side corresponding to the deviating eye. Such diplopia is called *homonymous*, or *direct*. Where there is divergence of one eye, the rays fall in the deviating eye to the outer side of the macula and are projected inward, across the visual axis of the other eye, and we have *crossed* diplopia. Here the false image lies on one side of the sound eye. If the left eye fix an object, and the right be directed downward, the image in the right will fall below the fovea, and be mentally projected above the image of the other eye. If the eye, however, be turned upward, the projection of the image will be downward below that of the other. By covering one of the eyes, generally the sound one, with a colored (red) glass, we can determine to which eye each image belongs, and whether we have before us a case of homonymous, or crossed, diplopia, hence also what movements of the eye are at fault, and consequently what muscle or muscles are affected.

Although binocular diplopia always presupposes a strabismus, however trifling, or even concealed, squinting is not necessarily, nor indeed very often accompanied with double vision. Of the two images received in strabismus, the one, the true one, being received on the fovea centralis, is sharply defined; while the other, the false one, falling upon a peripheral portion of the retina of the deviating eye, is blurred and indistinct. If the deviation be very great the image is so extremely indistinct as not to be noticed, or, in order to avoid confusion, the image formed in the squinting eye is disregarded and gradually suppressed altogether. In either case, no diplopia will result. From the suppression of the false image arises the principal danger from allowing a squint to go uncor-

rected, viz., the danger of amblyopia from disuse. Although the existence of this kind of amblyopia has been recently denied, I think it is proved by the gradual deterioration of vision, often clinically noted, and by the marked improvement that frequently follows an operation. As practical deductions from the above, we may say that diplopia implies the existence of binocular vision, and its presence may, therefore, be useful in detecting fraud; and, so long as diplopia exists with strabismus, we need entertain no fear for the sight of the affected eye. The want of harmony in the action of the muscles of the eyes, resulting in strabismus and diplopia, may be caused by *spasm*, by *weakness or insufficiency*, or by *paralysis*, partial or total, of one or more of the muscles.

The strabismus of diplopia caused by spasm or over-action is usually the concomitant of hypermetropia, but may also attend high degrees of myopia. The relation normally existing between the action of the ciliary muscles and the internal recti, is so intimate and consistent, that the accommodation cannot be exercised to any great degree without a corresponding degree of convergence. In hypermetropia an excess of accommodation is needed for near vision, and consequently an excess of convergence will be called into play. The squint occurs most frequently in connection with moderate degrees of hypermetropia, since in low degrees the accommodation can be exercised sufficiently without any extra convergence, while in extreme degrees the patient sacrifices his distinct vision, and exerts only as much accommodation as is consistent with single binocular vision. The squint may be constant, or *periodic* and *alternating*. In the first variety, the sight of the deviating eye generally suffers; in the second very frequently, and in the last rarely. The diplopia caused is homonymous, but is often avoided, even at an early age, by a suppression of the false image.

Where a diplopia is supposed to result from muscular debility, either a general weakness or an insufficiency, usually of the internal recti, the presence of this may be determined in the following manner: Let the patient follow with both eyes some object, the finger or a pencil, moved into extreme positions to the right or left, and up or down, and it will be seen that one of the eyes, the one with the weaker vision, will become tremulous from an unsuc-

cessful effort to fix the object, or to deviate from a confessed inability to do so. The eye with the weaker muscle will deviate also, if it be simply excluded by a card from binocular vision. Or by bringing the object in the median line so close to the face as to call into play extreme convergence, the insufficiency of the internal rectus will become apparent. The dot and line employed by Von Graefe in conjunction with a prism furnish another means of detecting this defect when existing. Diplopia is often wanting in these cases, and often so slightly pronounced as to be mistaken for the result of an error of refraction.

Paralytic squint is generally attended with very troublesome diplopia, and in this latter we have a reliable means of determining the muscle impaired. If a patient suffering with strabismus be made to look, at about his usual distance for distinct vision, at a finger or pencil held in the median line, and the sound eye be then covered with a card, the squinting eye will move in order to fix the object, giving us the so-called *primary* strabismus. If the sound eye be watched behind the card, it will be seen to squint as soon as the faulty eye fixes the object. This is known as the *secondary* squint, and the *direction* (converging or diverging) is the same as that of the primary. If the strabismus result from overaction, or from mere disuse of one muscle, the primary and secondary deviations will be equal in extent, but in paralytic squint the secondary is much greater than the primary, for the extra effort directed to the paralyzed muscle is unconsciously transmitted to the muscle of the sound eye, and a larger movement takes place. Besides this characteristic of paralytic squint we have also limitation and irregularity in the motion of the eyes, hence inability to guide the hands and feet aright, and, consequently, often giddiness and nausea. The head is often held in some peculiar way in order to obviate the double vision. The inclination will be such as to favor the weakened muscle, and will be in its line of action and towards its anatomical origin, *e.g.*, head turned upward in paralysis of superior rectus (compare symptoms of Senega), or to the left in paralysis of rectus externus of the left eye, etc. The position of the double images is of great value in diagnosing ocular paralysis, and both the horizontal and vertical diplopia must be studied. In old cases, secondary results or compensations often

complicate matters and render a diagnosis difficult. It would be beyond the limits of this paper to go through the variations possible; it will be enough to say that the false image always appears on the side of the function of the paralyzed muscle.

From the foregoing we see that diplopia, as a clinical symptom, may point to strabismus, latent or manifest, and through this to errors in refraction, or to affections of the muscles, insufficiency, paresis, or paralysis, and through these latter again to more serious latent diseases.

The *ultimate* causes of paralytic strabismus may be classed under *diseases of the cerebro-spinal nervous system*,—brain disease, vascular meningitis, locomotor ataxia, etc.; *intra-orbital*,—tumors, periostitis, etc.; *blood poisoning*,—syphilis, rheumatism, gout; *reflex irritation*,—dentition and worms in children, and in adults, derangement of the abdominal viscera. The presence of diplopia would, therefore, serve to draw attention to the possibility of the presence of one of them. The *treatment* will vary according to the cause of the symptom.

Where overexertion of the accommodation has produced a strabismus and diplopia, a thorough relaxation of the muscle of accommodation by the instillation of Atropiæ sulphate, supplemented, if necessary, by a tenotomy, will furnish the speediest and surest cure. If it has existed for but a short time, and is not constant, some one or other of the following internal remedies, according to their well-known symptoms, will relax the spasm: Bell., Chinin. sulph., Cicuta, Cyclamen, Hyosc., Stramon. Where weakness or insufficiency of the muscles is the cause, building up of the general system, systematic exercise of the weakened muscles, perhaps with prisms, and one of the following remedies will be found of benefit: Agar. (weakness and irritability), Ammon. c., Bry., Phos., Puls., Rhodod., Sulph. It may become necessary to divide the external rectus of one or both eyes. Prisms, with the base inward, are very serviceable for reading, but should never be strong enough to relieve the weakened muscles of all effort. In diplopia resulting from paralysis, partial or total, we may use prisms to relieve this troublesome symptom; or to exercise the muscles, as in the last case, and with the same precautions. Galvanization is often of great benefit. Tenotomy of the opposing muscle, with

or without advancement of the paralyzed one, sometimes becomes necessary; in these cases, too, we will find our remedies doing excellent service. We will probably find the suitable one among the following: Aurum, Kali hydr., Merc., Nitric ac., Actæa racem., *Caust.*, Rhus, Senega, Arn., Coni., Gels., Hyosc., Nux v., Phos., Cupr., Sulphur, or Alumina. No doubt other remedies would find application in the treatment of this, as well as of other ocular symptoms, if the symptoms were recorded in our Materia Medica with more definiteness, and with at least some attempt at an explanation of the condition underlying them.

A CASE OF NERVOUS DISEASE IN A CHILD, ATTENDED BY INVERTED VISION, CURED WITH CANNABIS INDICA.

BY CLARENCE BARTLETT, M.D., PHILADELPHIA, PA.

Geo. ——, aged nine years, was referred to me by Dr. Pemberton Dudley, February 27th, 1885. Two years before he had scarlatina, since which time he has had twitching of the muscles of the face and eyelids. At the same time, there began a series of very peculiar attacks, of which the following is a description: Without any warning his pupils become exceedingly small; at the same time, all objects recede to an enormous distance; then everything seems to be inverted. He sees people walking with their heads downward; tables and chairs seem to be turning around. Although these ophthalmic symptoms generally appear in paroxysms, two or three times a week, there are times when they are more or less constant. For a year or so past, he has "wabbled" some in his gait. During the same period he has complained of being constantly tired. No matter how small the exertion he may make, it plays him out. He cries out in his sleep; he has dreams in which frightful visions appear; he walks in his sleep. His pupils are generally widely dilated, reacting readily to light; has had frequent attacks of headache, which have, however, not been so annoying of late; pupils respond readily to light. An ophthalmoscopic examination shows the appearances of the retinæ to be

normal. In the left eye, pain is experienced when the reflection from the ophthalmoscopic mirror is directed on the retina to the inner side of the disk. The same condition of hyperæsthesia is noted in the right eye when the light is thrown on the upper and outer portion of the field. He has dark rings beneath the eyes; his general health is not at all rugged; sick headaches come once a week and affect the vertex and forehead; they are sometimes accompanied by vomiting. His urine had a sp. gr. of 1033; it contained a small amount of sugar, but no albumen. The boy had been under allopathic treatment ever since his illness began, without receiving any benefit. Cannabis Indica[1x] dilution, was diluted with an equal quantity of alcohol. Of this, two drops were given every three hours. Rapid improvement followed. The boy's appetite began to increase at once. At the present time he is free from all his symptoms: inverted vision, fainting attacks, hyperæsthesia of the retinæ, glycosuria, etc. Nor has he had any trouble of any kind, except a slight sore throat, for the past three months.

CYSTIC GOITRE, CURED BY OPERATION.

BY HORACE F. IVINS, M.D., PHILADELPHIA, PA.

Martha W., a Welsh girl, aged 22 years, consulted me at the Throat Department of the Hahnemann College Dispensary, July 7th, 1883. She said that one year before, while in Wales, she had suffered from an enlargement of the throat, in the thyroid region, which lasted just one week, and for which she could assign no reason. The swelling appeared very suddenly, and then gradually disappeared. It was not accompanied by pain; internal treatment was employed.

A month following the first attack, at which time she arrived in this country, the throat again began to enlarge, and quite rapidly. She had taken much medicine internally, used cold water bandages, and had painted the tumor with the tincture of Iodine.

At the time of the first examination the following history was obtained: Dyspnœa quite marked at all times, but was especially aggravated by any exertion. Deglutition painful, headache con-

stant, particularly at back portion, with a heavy sensation as though falling backwards; this latter symptom giving rise to much distress, and rendering her completely unfit for any occupation. Sometimes marked palpitation of the heart. General health excellent. Patient well nourished and quite stout.

After an examination by a physician of considerable reputation, she was told nothing could be done for her, and that she had better go to a home for incurables.

The right lobe of the thyroid was slightly enlarged, but the left lobe was much increased in size, while the isthmus (or perhaps a middle lobe) was much larger than normal. The goitre was quite hard and tense, giving one the impression that it was solid, although, by careful examination, it was discovered to contain fluid. The measurement at this time, at the most prominent point, was 16¾ inches.

Laryngoscopic examination showed the larynx and trachea to be displaced towards the right; this displacement was also made out by external manipulation. Heart-sounds were normal, and the eyes were not especially prominent. Fluoric acid was given internally, not because there were any special indications calling for its use, but because it had appeared to benefit other cases of goitre in which I had made use of it. As under its action the condition grew steadily worse, I determined to try mechanical means for the relief of the condition.

I at first made use of electrolysis every third day for about two weeks, but met with no better result. Therefore, on August 8th, at which time it measured 17 inches, I inserted the hypodermic needle, and succeeded in removing about half an ounce of a watery amber-colored fluid. In this fluid floated and sparkled gold-like crystals, cholesterine, imparting to it a beautiful appearance. After the withdrawal of the liquid the neck measured one-eighth of an inch less than before. August 10th, measurement 16¾ inches. One ounce of fluid was removed, and 10 minims of Iodine tincture were injected. 13th. Severe pain, redness, and hardness; headache, backache, and sore throat. Tongue coated white. Temperature 103° F.; pulse 120; measurement 17¾ inches; Aconite[3] was given. 14th. Temperature 102.6°; pulse 112; Acon. continued. 15th. Redness and pain gone, and tumor softer; temperature

101.8°; pulse 104; Bell.^{30x} was prescribed. 16th. Better in every respect; temperature 101.2°; and on the 19th the general condition had returned to its normal state, but the tumor still measured 17½ inches.

I then determined to tap the cyst and institute continuous drainage until the sac should heal. I, therefore, had constructed a trocar 1½ inches long, with a sterling silver canula. This tube was fitted to a broad shoulder, similar to a tracheotomy tube.

On the 27th of August, after thoroughly freezing the part by means of an ether spray, I inserted the trocar and canula, being careful to avoid the large superficial vessels. The trocar was slowly removed, that the fluid might not flow off too rapidly, and thus, producing a sudden decrease in the internal pressure, give rise to hæmorrhage. About four ounces of the amber-colored fluid were drawn off. No bleeding occurred until the tapes were being tied around the neck. The hæmorrhage was quite free, but after the insertion into the canula of the cork which I had prepared in anticipation, all external oozing stopped. It continued to bleed internally, however, but by keeping up gentle pressure over the neck, the hæmorrhage ceased before the sac had entirely refilled. At this juncture the neck measured 17 inches. Aconite was prescribed for internal medication, and directions were given to apply warm or cold compresses, according to the desire of the patient, should much pain ensue.

August 28th. No reaction followed; the cork was removed from the canula, which was filled with clotted blood. After removal of the coagulum, a few drops of sanguineous fluid oozed out. 30th. The cyst was draining nicely. September 1st. The tube was out of the cyst cavity, and partially buried in the subcutaneous tissues: the discharge had stopped; the parts were swelled, hard, red and painful; temperature was 102°, and pulse 115. By the aid of a wooden pilot, or director, I succeeded, after some delay, in replacing the tube, which, however, slipped out nearly every night, despite my efforts to retain it in situ by tying the tapes as tightly as admissible, and by strapping the shoulder of the canula to the neck of the patient with adhesive (rubber) plaster.

After the first replacement, the cavity was syringed with warm iodized water, which gave relief to all the symptoms.

September 6th. No pain; discharge rather bloody; no pus; the opening was daily syringed with iodine water. September 10th. Same; syringed with carbolized water in lieu of the iodized. 12th. Sanguino-purulent discharge for the first time. 20th. Scanty quantity of pure pus; much pain; restless nights; temperature 101.8°; pulse 112; Hepar^{12x} was given internally.

The symptoms were soon somewhat relieved, but the temperature and pulse remained above normal; the discharge had about ceased, and the neck was quite enlarged, when, on October 30th, the part was again frozen, and, after the introduction and withdrawal of a narrow bistoury into the softest portion, the trocar and canula were made to follow.

This procedure was almost free from pain, and gave exit to a large quantity of greenish, very slightly offensive, pus. When syringing through the new opening, I was able to force water out of the old one; thus being assured that the two cavities were connected by a small opening, I syringed through each opening daily for a time, but soon lengthened the intervals. From the time of the second operation the case improved rapidly; there was no difficulty in keeping the tube in position, and on November 30th, all discharge having ceased for a few days, I removed the canula and inserted a drainage-tube into the wound. This was removed in a few days, after which the opening soon closed. During the treatment it was occasionally necessary to cut exuberant granulation tissue from the edges of the punctures.

At the last examination, December, 1883, there were two slight scars at the points of operation. No tenderness existed, and the neck measured only 13⅜ inches, about the normal size for one so heavily built as was this patient at that time, she having gained much in weight. Every symptom referred to at the beginning had entirely disappeared, and she said she had not one symptom of which she could complain.

On September 1st, 1885, she—being now in her native country—wrote to a friend that she was perfectly well in every respect.

APHONIA.

BY HORACE F. IVINS, M.D., OF PHILADELPHIA, PA.

This symptom, with its numerous and varied causes, forms for the laryngologist a subject of the greatest importance. Probably no *other* symptom referable to the larynx elicits such universal attention from those interested in the vocal apparatus; for its presence means inability on the part of the larynx to perform that office for which it was especially designed. Further, it prevents the sufferer, in great part, from communicating his thoughts to those of his fellow-creatures with whom he comes in daily contact; and if its victim be a person whose profession, or whose livelihood, depends upon the use of his voice, the annoyance is doubly great.

While aphonia may often be speedily and permanently removed, cases are more frequently met with which require long and careful treatment before any improvement is noticeable, or the condition may be irremediable.

We will study this subject by taking up in turn the conditions which give rise to aphonia, with their prognosis as regards the complete or partial return of the voice, either to its normal condition, or to be of useful value. The internal or general treatment will not be given, but such local or mechanical measures as have been found especially valuable will be mentioned.

First let us consider as a cause of aphonia:

Foreign Bodies.—True it is that occasionally a foreign body may remain in the larynx for quite a long time without causing any disturbance of the vocal function; but this depends upon its position, size, shape, and consistence, upon the irritability of the larynx, and upon the secondary inflammatory changes which may be produced. It can readily be understood that a substance lodged directly between the vocal bands must interfere, more or less, with the voice. If the foreign substance be large enough to block up the pharynx, larynx, or trachea almost or quite completely; then, although there is an absence of voice, our object is to remove the obstruction and restore the respiratory function; the aphonia, in such a case, assuming a secondary importance. In a larynx highly sensitive, even a small substance may be sufficient to occasion much spasm,

or inflammation even of a high grade. The latter may give rise to œdema, hypertrophy, perichondritis, abscess formation, or ulceration.

A favorable prognosis in these cases depends upon the early discovery and the speedy removal, if possible, of the foreign body; if practicable, through the natural passages. Tracheotomy, laryngotomy, or laryngo-tracheotomy is occasionally necessary on account of the dyspnœa caused by the obstruction due either to the foreign substance, or to the secondary œdema or inflammatory changes. It may be deemed unsafe to attempt a removal by the endo-laryngeal method, for fear of exciting too much spasm of the adductor muscles by the manipulations, until after the establishment of an artificial opening for the entrance and exit of the air; after this it may be found quite easy to remove the obstruction *per vias naturales.* The after treatment should be such as to remove the traumatic and secondary changes.

Laryngeal phthisis often leads, in the later stages, to complete loss of voice. The causes being ulcerative destruction of the vocal bands, ulceration and infiltration of the posterior wall of the larynx, producing a mechanical hindrance to the closure of the glottis; general infiltration of the tissues, acting as in the last instance; perichondritis with œdema, even chondritis and necrosis, with loss of the cartilages; anchylosis of the crico-arytenoid articulation, or paralysis of the adductor muscles from pressure of enlarged bronchial glands, or the infiltrated apices of the lungs upon the recurrent laryngeal nerves. As a complication, we frequently encounter functional aphonia. According to Mackenzie,* out of 500 patients suffering from laryngeal phthisis 123 had aphonia.

The prognosis of aphonia due to throat consumption, unless caused by a functional disorder, is extremely unfavorable; where functional, the voice can usually be restored, but we should never lose sight of the fact that the function, although regained, is liable to be again lost. Where the vocal bands have suffered much from the ulcerative process we need expect but little improvement in the voice, unless the ventricular bands are in a normal condition, when they may assume, in a great measure, the function which rightfully

* *Loc. cit.*, p. 269.

belongs to the vocal bands, thus giving quite a useful, though never clear, voice. Where the infiltration between the arytenoid cartilages is the cause of the aphonia we frequently find, as the disease progresses and the infiltrated tissue breaks down, that the swelling is sufficiently reduced to cause an improvement in the voice, or where we can succeed in bringing about a resorption of the deposit we may be surprised to find the voice becoming fairly clear, if, indeed, not perfectly so.

Where there is œdema sufficient to produce both aphonia and dyspnœa it should be reduced by scarification, but where it is not so great, inhalations of steam charged with tannic acid, insufflations of morphia, or applications of ice may be sufficient to control it. In most cases of marked ulceration the voice is much improved after cleansing the parts by means of the spray. With the functional aphonia, we have cause to believe that the application of electricity in most cases will be sufficient to restore, for a time at least, the lost voice. If it is possible to bring about the absorption of the infiltration of the apices, or enlarged glands, the voice may be much improved.

Tumors of the larynx, pharynx, and trachea bear about the same relation to the production of aphonia as do foreign bodies, and what has been said of the size, form, and position of those substances introduced from without is true of growths originating within the upper air-passages; further, the new growth may, from its position, so press upon one of the recurrent nerves as to give rise to loss of voice, or by pressure, bringing about a degeneration or atrophy of the muscles, the same result may follow.

If these tumors can be removed without too much destruction of the laryngeal tissues, or before their presence has caused any atrophy of the intrinsic muscles of the larynx, or of the motor nerves, the prognosis is favorable, so far as the vocal function is concerned. In the malignant forms we should always give an unfavorable opinion of the case.

These tumors, when benign, should be removed by forceps, scissors, snare, knife, guillotine, galvano-cautery, or chromic acid, as soon as practicable after their discovery, and, if possible, through the natural passages, by the aid of the laryngoscope. Where this is impossible, or for any reason deemed impracticable, bronchotomy

should be performed, perhaps extracting these new growths through the opening thus formed; or, after thus insuring the patient against suffocation from any attempts at removal, or from the presence of the tumors blocking up the air-passages, they may possibly be removed by way of the mouth. Cancerous growths may be treated —first, by the endo-laryngeal method, but the voice is seldom regained; secondly, by the removal after opening the air-passages, in which instance the voice is never regained; or thirdly, by the extirpation of the larynx, when the voice may be replaced by the sounds produced after the insertion of an artificial vocal apparatus.

Medicines fail in nearly every case to cure this trouble, but they usually give marked relief. Caustics fail to have any beneficial effect, unless of the most destructive nature, when they are liable also to destroy the surrounding structures. Cysts of the larynx may discharge their contents spontaneously, though they usually require incision.

Syphilis of the larynx is, perhaps, the most frequent cause of long-continued aphonia. The loss of voice is occasioned by ulceration, especially when attacking the vocal bands; infiltrations; condylomata, and gummata, when so situated as to prevent a closure of the glottis; perichondritis, chondritis, or necrosis of the laryngeal cartilages; stiffness of the crico-arytenoid articulation; stenosis of the larynx or trachea; cicatricial contractions; or syphilitic growths, either centrally located or so situated as to press upon the pneumogastric or recurrent laryngeal nerves.

Unless there is too great a loss of tissue from ulceration, or unless the cicatricial distortions are too extensive, the voice may be in part or entirely restored. When the stenosis causing the aphonia is of a thin web-like consistence, its destruction may allow the restoration of a useful voice; or occasionally, when the stenosis is very difficult to cure, careful treatment by daily catheterization, according to Schrötter's method, may restore a fairly good amount of voice. The subsidence of the syphilitic growths produces often a marked improvement in the voice.

During the course of the ulceration, it is usually well to make local applications of Iodide of Glycerine, and occasionally, perhaps, of Argent. nit. The inhalation of a solution of Bichloride of Mercury has met with much favor, especially in Europe. Where the

œdema is great, scarification will often give prompt relief; but should this procedure fail and suffocation seem likely to end the scene, an English or a hard-rubber catheter should be introduced through the glottis; even these may fail, and the immediate performance of tracheotomy is the last resort; after which the destructive process and infiltration *may* so subside as to allow the sufferer to dispense with the canula, and cause the return of a useful voice, although it is frequently necessary for the patient to wear the tube through life. Stenosis should be treated by catheterization (stretching), cutting, cauterization, etc., in such a way as to destroy the formations without injuring the vocal bands.

Laryngeal or tracheal diphtheria (*croup*), or more strictly speaking membranous laryngo-tracheitis, is a frequent cause of aphonia, but its prognosis and treatment need not be mentioned here. *Scarlet fever* needs but the same notice.

Typhoid fever may give rise to aphonia as a result of an ulceration of the vocal bands.

Anchylosis of the crico-arytenoid joint, when the position of fixation is that of abduction, will produce the symptom under consideration. The causes are perichondritis or chondritis, synovitis, disuse from paralysis of the muscles which act directly upon it, infiltrations about the joint, and traumatism.

The prognosis is always unfavorable. It is possible that where the adhesions are of a false character they might be, by some mechanical means, "broken up" (?), as are false anchyloses of other joints.

Paralysis of the adductor muscles (usually bilateral, occasionally unilateral), from disease of the medulla; compression or destruction of the pneumogastric or recurrent laryngeal nerves, due to enlarged glands, new growths, aneurisms, infiltrations about or injury thereto; atrophy of the laryngeal muscles; and hysteria, frequently produce adductor paralysis, and hence aphonia.

The prognosis is very unfavorable when the paralysis is complete and of long duration, as a degeneration of the nerve or of the muscles is usually found; but where it is of recent date, and where no organic change can be discovered, it is possible many times to restore the voice entirely; and when of a purely functional origin we can give a favorable opinion of the case; because usually re-

lievable by electricity, moral suasion, fright, joy, etc.; manipulation; medicine; or nature.

While speaking of functional, nervous, or hysterical paralysis, it may be well to refer to "reflex aphonia," which properly belongs in this division, if indeed we do not have here identical conditions. These reflex conditions are due to such causes as uterine and ovarian disorders; pregnancy, especially when accompanied by convulsions; the presence of any irritating substance in the intestinal canal; or the rapid suppression of an exanthematous rash, or of a long-continued discharge. Perhaps, too, we can find no better place in which to make simply a note of the reflex, or more properly speaking, secondary aphonia which occurs at times during the course of a pneumonia or as a result of emphysema. This loss of voice is due, as also in paralysis of the respiratory muscles, to a loss of sufficient expiratory current to set the vocal bands in vibration.

When adductor paralysis is caused by syphilitic growths or infiltrations, we must employ the treatment as set forth under that subject; if by goitre, we must make efforts to reduce the enlarged thyroid gland; while cancer, phthisis, brain-lesions, aneurisms, and enlarged glands must receive their appropriate treatment. When due to atrophy or weakness of the muscles, deficient nerve power, or hysteria, electricity, massage, or vocal gymnastics should be employed. Where the nerves have been divided, nature must be allowed to exert her ever-potent influence in restoring the natural nervous current, unless it be possible to dissect out the separated ends and to unite them by sutures.

Lead and Phosphorus poisoning may have, as one of their prominent symptoms, aphonia.

Perichondritis and œdema, having been spoken of when treating of phthisical and syphilitic laryngitis, need no further mention.

Tracheotomy and laryngotomy, as a cause of aphonia, need but be mentioned in order to be thoroughly appreciated.

Acute, subacute, and chronic laryngitis as a result of catarrhal influences; over-use, or more especially imperfect use, of the voice; excessive smoking, particularly of cigarettes; alcoholic drinks; dusty air; irritating vapors; foreign bodies; traumatism; exten-

sion of the disease from adjacent tissues; or of the eruptive fevers, including erysipelas, often cause aphonia.

The prognosis is usually favorable, though in the acute form the œdema may be so great as to cause the death of the patient; the subacute form may be transformed into the chronic, while the latter may never be so much improved as to restore the voice to its former usefulness.

The treatment, when the disease has a catarrhal origin, should be to give rest to the voice, discontinue the use of tobacco and alcohol, and remove all irritating influences. Local applications of an astringent nature are often of great utility, *e.g.*, Alum, Tannin, and Chloride of Zinc. These should be used in a much weaker solution than usually employed. If the attack be acute, in addition to the foregoing, the apartments should be kept at an even temperature, together with the use of warm, soothing vapor inhalations, as pine oil, Kreosote, Benzoin, etc. In case the voice be lost through the presence of œdema, this latter should be reduced, as already recommended. All foreign substances must be instantly removed. Should the aphonia persist after the inflammatory stage has nearly subsided, it is well to apply electricity locally.

Abscess of the larynx producing aphonia has generally a favorable termination, provided the purulent collection be early discovered. It must be opened as soon as it can be distinctly made out, and, when not too large, with the laryngeal lancet; but when very extensive, this operation should be preceded by a tracheotomy, the tampon canula being inserted to prevent the pus from passing down the trachea and producing suffocation; the abscess can then be opened as above indicated; or where it is superficial, by a direct incision through the skin and subcutaneous tissues. After an endo-laryngeal evacuation the pus should be well pressed out by the introduction into the larynx of a sponge or piece of cotton, securely fastened to a laryngeal probe, and the larynx should be sprayed with a mild solution of Carbolic acid, Permanganate of potash, Boracic acid, Iodine, Iodoform, or Eucalyptus globulus.

Lupus of the larynx is of such rare occurrence that it need not be here discussed; and *Leprosy* needs in our climate no greater notice, though these diseases do frequently produce aphonia.

Fractures and dislocations of the cartilages of the larynx are

occasionally the cause of aphonia, which in many cases is permanent. In luxations, if the articular surfaces can be promptly and permanently replaced, the function will probably be restored; and in fracture, if the parts come permanently into their proper position, the voice may become quite clear. Death is not an infrequent result of these accidents, owing to abscess, œdema, or emphysema.

Eversion of the ventricles of Morgagni has caused this symptom in a few instances. If the everted tissue can be permanently replaced, or, not succeeding in this, it be removed, the prognosis is good.

Burns of the larynx, from inhaling flames, may produce enough inflammation, œdema, or destruction of the tissue to be the cause of aphonia. The prognosis is usually grave; most of these patients die. Mild lubricating applications, as glycerine, milk, and fluid cosmoline, are the most appropriate, especially when applied in the form of a spray. The œdema may require reduction, or tracheotomy be found necessary.

Atrophy of the vocal bands, though very rare, must not be omitted. The prognosis is unfavorable. Probably the best treatment is electricity applied to the bands; mild vocal culture; or irritating applications by means of brushes, sprays or insufflators.

Sympathetic nervous affections, as for example, from acute nasal catarrh, hay asthma, etc., occasionally cause a loss of voice.

Spasm of the laryngeal muscles from any cause frequently produces aphonia; but, as this affection is only a symptom, associated either with one of the foregoing diseases, in this case having been already considered, or an accompaniment to some general systemic affection, requiring general rather than special consideration, it will not be here considered.

Lastly, *Malformations* of the larynx must be alluded to. A favorable opinion can seldom be given. If any treatment is to bring about favorable results, it must be surgical.

DISCUSSION.

Dr. B. W. James said that asthenopia gave a very troublesome class of cases to the physician. For a long time the ciliary muscle will be able to control the eye to such a degree that the patient will

fail to recognize the defect. Sometimes adults will go for years, showing no signs of defective refraction. Then the power of the ciliary muscle is lost, and the trouble becomes manifest. He had found in a large number of cases of asthenopia that the ciliary muscles seem to have an irregular action. When the accommodation is thoroughly paralyzed, it will be found that the error exists in another direction from that which the preliminary examination would indicate. He had been surprised at the small amount of error in some cases, the correction of which by glasses worn constantly, gave great relief. Oculists are inclined to overlook small points. He himself was in the habit of correcting the slightest degree of astigmatism.

In regard to these cases where patients have had typhoid or any debilitating disease, especially cerebral disease, we will find oftentimes defective vision, lasting weeks or months. These patients will want glasses, but it is not always good to give glasses to them. These cases require medical treatment.

Dr. W. H. Bigler said that where asthenopia results from disease, glasses act as a splint and bridge over the time of discomfort to the patient. The danger in giving glasses at such a time, is in giving them too strong. The error in refraction will make itself more manifest at some times than at others. If oculists are careful to prescribe weak enough glasses, the danger of giving glasses after disease will be avoided. The spectacles should only be an assistance to the eye. By giving too strong glasses, the muscle of accommodation is weakened. The use of internal medication, with the glasses, should be insisted upon.

Dr. James said that his reason for not advising glasses was that patients had an idea that they must continue the use of the glasses indefinitely, and will not report to the surgeon. They thus do themselves injury.

Dr. Bigler replied that he was afraid that where he did not prescribe glasses a state of irritability of the muscle remains, and this is very difficult to overcome. He, therefore, believed in giving the muscle a little assistance, but he insisted upon the fact that the glasses were not to be worn after health was restored.

Dr. Henry C. Houghton confirmed Dr. Bigler's remarks by citing a case. A patient presented herself at the ear clinic who

had previously had glasses advised for some symptoms, and the glasses gave her great relief. After the prescription of Pulsatilla for her aural symptoms, she returned in a few weeks, complaining that the glasses no longer did the work they had done. The distress was so great that she laid them aside, but she was still under the impression that she must continue the glasses. An examination showed that the medicine had relieved the eye symptoms, which were reflex.

Dr. Charles Mohr said he was delighted to hear specialists in homœopathic medicine lay stress upon the Hahnemannian doctrine of treating diseases symptomatically, aided, of course, by all the good to be derived from the use of glasses in eye troubles. He had often thought that our younger men, who are specialists in medicine, neglect to make such observations as would be of benefit to the homœopathic profession in particular and the world in general. He believed that, as a rule, they have so little stock of knowledge of the Materia Medica, or so little faith in the symptomatology, that they think it is too difficult or useless to get the indicated remedy by looking through such "a mass of stuff," as the Homœopathic Materia Medica has been termed. We all know that the Materia Medica is overloaded with matter that is not relevant. The specialist can do some winnowing; he can so direct his studies as to give us after a while a Materia Medica as exact as can be made. He urged on all specialists to investigate their cases, to determine what relation the symptoms complained of bear to the morbid tissues as seen by the ophthalmoscope, and having selected the remedy suggested by the symptoms, to watch the progress of the case, noting what changes take place in the diseased tissues, as subjective symptoms are removed. In this way much useful knowledge of drug action we do not now possess, will be gained.

Dr. Korndœrfer asked what remedies had been used by Dr. Ivins in his case?

Dr. Ivins replied that he had used Fluoric acid.

Dr. Korndœrfer said that there were two remedies efficacious in goitre, namely, Iodine and Sulphur. The former remedy he had found useful in the 3d to the 6th dilutions, giving it about twice daily for a week. Then allow an interval of a week or more,

and then give a few doses of Sulphur, quite high. He generally gave Sulphur[100]. As the symptoms seemed to alternate and call for either one of these remedies, he changed to one or the other. This treatment has resulted in a cure in a number of cases.

Dr. J. K. Lee referred to the recent experience of an eminent surgeon, who, in operating for removal of goitre, always left a portion of the thyroid gland, because if the entire gland was removed, the functional activity of the sexual organs was greatly impaired.

Dr. Charles Mohr said that in a large number of cases of goitre he had observed a relation between the thyroid gland and the sexual organs of women. Goitre in young girls seems to bear some relation to the sexual function. It will often become enlarged just before the menstrual period, and reduced in size immediately after the period. He had found in such cases, that, by adapting the remedy to the uterine or ovarian symptoms, the thyroid enlargement would be permanently removed. His attention was first called to this feature by a case which was brought to the clinic of the Hahnemann Medical College. A girl aged 17 had had goitre for several years. During the last year it had been treated externally by tincture of Iodine, which not only did not reduce the size of the thyroid enlargement, but actually seemed to increase it, and induced atrophy of the mammæ, and, it is to be presumed, of the ovaries, as for four months there was complete cessation of the menstrual flow. To antidote the Iodine, Dr. Korndœrfer, who had charge of the college clinics at that time, recommended Hepar.[30]. This was soon followed by a slight menstrual show. A repetition of Hepar. was followed a month later by another attempt at menstruation. Dr. Mohr then inquired more closely into the history of her early menstrual periods, and ascertaining that they had been apt to recur too early, were too profuse, and preceded by pains in the mammæ, prescribed *Calc. ostr.*[30], which was followed by a more normal flow, but not until it was quite evident that the mammæ were becoming larger. Under this remedy, with a few doses of *Bellad.* and *Nux vom.*, administered as required, for headache and indigestion, the patient made a complete recovery, the thyroid enlargement entirely disappearing at the end of ten months from the first homœopathic prescription. The sister of this patient, at the age of 13, when the menses should have appeared, began to

have a goitre. She had symptoms of *Pulsat.*, which was given with the effect of producing regular menstruation and subsidence of the thyroid enlargement, after eight months' treatment. Soon after this he attended a very interesting case of exophthalmic goitre in a woman aged 40. There were valvular heart lesions, with enlargement of the organ, and a peculiar uterine complication, which made him watch the case for several years with much interest. When the exophthalmus and thyroid enlargement became smaller, the abdomen would enlarge in a corresponding ratio, and *vice versa*, and these phenomena occurred several times. At one time, when the goitre was quite small, the abdomen was as large as a woman's at full term of gestation, and an examination at this time revealed an enormously hypertrophied uterus, indeed, the largest he had ever met with. At such times, after free bleeding (menorrhagic), the uterus would become very much smaller, and the thyroid gland would increase in size quite rapidly. Several medical friends, among others, Dr. A. R. Thomas, examined this unique case. The patient died of general dropsy in 1884, after having been tapped twice, at a time when the goitre was comparatively small, the abdomen large. The post-mortem was anticipated with interest; Dr. Mohr made the autopsy, in the presence of Drs. Haines and Maguire, of the Homœopathic Hospital, and an old-school physician, who had taken an interest in the case. The pleural cavities, the pericardium, and the peritoneal cavity contained large quantities of serous fluid. The right side of the heart was dilated, the left ventricle somewhat hypertrophied and dilated, and the tricuspid and mitral valves were incompetent, with slight calcareous deposit about the mitral and aortic orifices. Liver slightly enlarged and fatty. Both kidneys large (white kidney). *Uterus uniformly hypertrophied*, dense and hard, and about as large as a fœtal head at term. Right ovary cystic; left ovary atrophied. These cases, Dr. Mohr thought, clearly show a connection between the thyroid gland and the glandular sexual organs of woman, and in treating women with goitre, the symptoms of the sexual sphere should be carefully inquired into, and our remedies adapted accordingly.

Dr. Bigler remarked that the connection between the uterus

and the thyroid gland has long been known. It has been said that there is an enlargement of the neck after conception.

Dr. C. E. Toothaker directed attention to the importance of Dr. Mohr's remarks. The study of symptomatology should be connected with the study of special diseases and the specialties of homœopathic medicine.

Dr. Ivins referred to the case of a woman who had a fibrous goitre, and who had for a number of years suffered with dyspnœa, but not so severe as to interfere with the voice. After the use of several remedies internally, Baryta carb., Graphites, and Silicea, he was able to control it to a certain extent, but he noticed that whenever she conceived, the symptoms from the goitre would increase. In several cases he had cured the symptom—severe pain in the head, drawing it backwards—by China.

The Reports of the Bureaus having been all received, and the discussions thereon closed, the Committees appointed during the session presented their reports.

REPORT OF COMMITTEE ON PRESIDENT'S ADDRESS.

To the Homœopathic Medical Society of Pennsylvania:

Your Committee, to which was referred the President's address, would respectfully report, that after its mature consideration, they would fully endorse every sentiment of its utterances, and emphasize the importance of the following recommendations:

I. That whilst it is still our great duty to aid in the perfection of our Materia Medica, by seeking to eliminate its impurities, and add to its reliable data, it is also our mission to enter the realm of original investigation, and make its discoveries contribute to our professional advancement, and illustrate more clearly the correctness of our law of cure.

II. That the respective bureaus should so condense their papers

as to afford ample time for discussion; thereby greater interest would be awakened in our proceedings, and original thought and variety secured.

III. Whilst we may congratulate ourselves upon the justice awarded us in the constitution of the State Board of Health, we should still persistently press our claims to public recognition until we are conceded the same privileges enjoyed by the dominant school in the charitable institutions of the State.

Respectfully submitted,

J. K. Lee, M.D.
J. H. McClelland, M.D.
J. R. Reading, M.D.

The report of the Committee was received, and its recommendations adopted. After some discussion, the Secretary was ordered to carry the recommendations made into effect.

REPORT OF THE COMMITTEE ON THE NECROLOGIST'S REPORT

Was presented by Dr. W. B. Trites, as follows:

Mr. President, and Members of the Society:

Your Committee, to whom was referred the preparation of obituary minutes upon the death of members of the Society, respectfully reports the following for your adoption:

Robert Ewing Caruthers, M.D.—The Homœopathic Medical Society of Pennsylvania, desiring to make special mention of its late Recording Secretary, Dr. R. E. Caruthers, places on record the following minute, in addition to the more extended obituary of the Society's necrologist, presented this day:

That in the death of Dr. Caruthers, this Society suffers severely in its working force, he having filled with conspicuous ability and fidelity an office of great importance to the organization. As a member and as a man, he commanded the regard of all, while as a rising practitioner of medicine and surgery, his ability and accomplishments had already gained for him merited recognition.

In conclusion, this Society, feeling its own loss, respectfully tenders its sympathy to the afflicted family.

Henry Newell Guernsey, M.D.—The State Society feels that a special minute should be made of the loss they have sustained in the death of our distinguished fellow, and at one time President of this body, Henry Newell Guernsey, M.D. Dr. Guernsey had endeared himself to the profession by his ability as a physician and obstetrician; by his lucidity as a teacher; by his conscientious labors as a medical author; by his enthusiastic and energetic advocacy of our law of cure; and by his nobility of character and tenderness of heart. Death, in his case, is robbed of half its sorrow by the fact that his life had been filled with useful work, and he had accomplished so much for the betterment of the race.

In conclusion, this Society, feeling its own loss, respectfully tenders its sympathy to the afflicted family.

J. H. McClelland, M.D., *Chairman.*
J. K. Lee, M.D.
W. B. Trites, M.D.
Wm. R. Childs, M.D.

NEW BUSINESS.

Dr. Bartlett moved that Dr. Houghton be permitted to publish his paper in the *Hahnemannian Monthly* before its appearance in the Transactions of the Society. The motion, having been seconded, was placed before the Society for discussion. Dr. Cooper offered to amend the original motion so as to permit the publication of the paper after it had been put in type by the Society's printer, so that no loss could occur to the Society by mutilation of the manuscript. Dr. Bartlett accepted the amendment, which was adopted unanimously.

Dr. Toothaker then read the following communication from the American Medical Temperance Association. This was received and filed.

PHILADELPHIA, September 25th, 1885.

To the Homœopathic Medical Society of the State of Pennsylvania,
The American Medical Temperance Association sends greeting:

On the 19th of May of this year, 1885, a number of physicians met at the house of Dr. A. C. Rembaugh and organized themselves into a society, under the name of the American Medical Temperance Association, and adopted the following:

1st. The object shall be to promote and conduct investigations as to the effect of the employment and non-employment of alcoholic and other stimulating and narcotic substances in drug doses, in health and disease.

2d. All legal medical practitioners who are non-users of alcoholic beverages may be admitted as members on signing the Constitution, and by paying annually not less than one dollar into the treasury: *Provided*, That each member shall be free to prescribe as medicine alcoholic or narcotic compounds as he or she may deem expedient.

The following has also been adopted as the sentiment of this Association:

1st. No physician should use alcohol himself or prescribe it for others in his practice except on the same principles and with the same care and caution as he would use Arsenic, Opium, or any other virulent or death-producing poison, and in strict observance of the same rules as to dose or quantity administered as he would observe in administering any other poison.

2d. No physician should resort to alcohol as an appetizer or as a tonic except for the same reason or reasons he would administer any other appetizer or tonic, because indicated by the totality of the symptoms and always in such doses as to run no risk of producing toxic effects.

Respectfully submitted,

WM. HARGRAVES, M.D., PH.D., *President.*
A. C. REMBAUGH, M.D., *Sect'y and Treas.*
C. E. TOOTHAKER, M.D.

Following the presentation of the foregoing greetings, Dr. Toothaker said:

I think it will be granted almost without debate that every physician should be both theoretically and practically an advocate of temperance. Intelligently, his knowledge of the effects of exciting, stimulating, and narcotic poisons upon the human system should lead him to avoid their use himself, and the abundant opportunities he has of observing their effects upon other men who do use them, should inspire him with a fixed and an unalterable determination to do all he can to discourage and discountenance their use by other men with whom he may come in contact, or upon whom he may have opportunity to exert an influence.

Of all men, and of all medical men especially, should homœopathic physicians present a united and unbroken front in opposing by precept and example all such use of alcoholic, narcotic, and other stimulating and exciting drugs, as will have a tendency to promote their use as a beverage, and thus to increase the floods of intemperance and drunkenness and debauchery which pervade the land.

In view of these and numerous other facts which might be adduced, did time allow, the American Medical Temperance Association has been formed, and confidently appeals to all homœopathic physicians, as well as to all the members of this Society, for their countenance and support.

Dr. Charles Mohr moved that the title of the Bureau of Ophthalmology and Otology be changed to Bureau of Ophthalmology, Otology, and Laryngology. Carried.

Dr. Jos. C. Guernsey, according to a notice given by him one year ago, moved that the titles of the Secretaries be changed from Corresponding and Recording to General and Provisional.

The general sentiment of the Society seemed to be that the present titles explained the duties of the Secretaries, so that the change suggested was not deemed necessary.

Dr. John R. Reading nominated Dr. Henry C. Houghton, of New York, for Honorary Membership. He said: "I think that we will honor ourselves by electing him to honorary membership. His paper is an honor to us. When we elect a man like Dr. Houghton we dignify ourselves." Carried *unanimously by a rising vote.*

Dr. Mohr brought up the subject of a State Board of Medical Examiners.

Dr. Wm. J. Martin thought that before we advocated a law appointing such a Board we should insist upon equal representation in the Board or else on two Boards.

Dr. J. K. Lee said that a committee composed of both Old School and Homœopathic physicians had united on a bill which was disapproved by both county societies.

Dr. Korndoerfer took the same position on this subject as did Dr. Wm. J. Martin.

Dr. J. K. Lee moved that further consideration of the subject be indefinitely postponed. Carried.

The bill of the Corresponding Secretary for expenses incurred was ordered to be paid, as was also that of Sherman & Co. for printing done.

Dr. J. H. McClelland called the attention of the Society to the State Board of Health in the following remarks:

Mr. President: In conference with Dr. Pemberton Dudley it was deemed desirable to report to this Society the creation, at the last session of the Legislature, of a State Board of Health, and in order to place before the members of this Society a statement of the scope and character of this body it was thought advisable to offer a recent address issued by the Board, which might be referred to the Committee on Publication to print with the Proceedings, in whole or in part as deemed best.

On motion the report was received and referred.

ADDRESS OF THE "STATE BOARD OF HEALTH AND VITAL STATISTICS OF THE COMMONWEALTH OF PENNSYLVANIA," TO THE PEOPLE OF PENNSYLVANIA.

The "State Board of Health," called into existence by the will of the people of this great Commonwealth, expressed through its representatives in General Assembly met, and approved by its chief executive, enters upon the discharge of its grave duties and the exercise of its important powers, deeply impressed with the sense of the responsibilities which devolve upon it, and reverently invoking the blessing of the God of nations upon its labors. It

desires at the outset so to define its position as to lead to the immediate establishment of those friendly reciprocal relations between itself and the public, which can be securely founded only upon a vigilant care for the well-being of the people by the State, on the one side, and "a decent respect for the government by the people," on the other.

It is not too much to say that the creation of this Board marks a new era in the history of the State, since it indicates the recognition by our legislators of the truth, reflected from the minds of the people, once so well formulated by England's brilliant prime minister, Lord Beaconsfield, that "the health of the people is the first duty of the statesman." The "DECLARATION OF RIGHTS," which constitutes Article I. of the Constitution of this Commonwealth, and is therefore a part of its organic law, proclaims that "all men have certain inherent and indefeasible rights; among which are those of enjoying and defending life and of pursuing their own happiness." It is the conviction of this Board that these necessarily include the inherent right to the enjoyment of pure air, pure water, and pure soil, since without them life can neither be enjoyed nor successfully defended, and the pursuit of happiness becomes a cruel mockery. It further conceives one of its paramount duties to be to see that no man or combination of men, however rich or powerful, shall be allowed to trespass on these rights of the humblest citizen, whether from negligence, from greed of gain, or simply from ignorance. It is no mere empty figure of speech by which we call disease a public enemy. It requires to be met with organized resistance, and this resistance must be directed by a responsible head. When pestilence invades our borders, that head must be clothed with powers analogous to those of a general when the foe is at the gates. Sanitary law, in place of martial law, is then proclaimed, and what are, in times of general health, recognized as sacred rights of person and property, are sternly set aside. When such emergencies arise, as they inevitably must at some time, and as they possibly may at no distant day, the Board confidently looks to the sound sense and self-control of the people to lead them to submit cheerfully to whatever temporary inconveniences it may be deemed necessary to impose. The abridgment of the license of the individual—nay, at times, even of his rights

—for the sake of protecting the rights of the community, is the very foundation-stone of civilized life. Civil organization cannot exist without it. Hence, restrictions are placed upon certain kinds of business which threaten injury to human beings. We prohibit the merchant from exercising his right of unrestricted barter and sale and storage in the matter of explosives. He is not allowed to keep any considerable quantity of gunpowder, nitro-glycerine, or dynamite within certain limits, or within a certain distance of an inhabited house. Every one acquiesces in the justice of this restriction of his rights. But if a powder magazine had exploded in the heart of Philadelphia on the 1st of January, 1872, this calamity, frightful as it would have been, would not have caused a tithe as many deaths—would not have produced a hundredth part as much suffering, would not have inflicted an approach to as great a pecuniary loss, as did the epidemic of small-pox which was then raging. Thousands of lives, tens of thousands of maimed, disfigured, or invalided persons, millions of money—such was the cost of that explosion of disease. Is it too much to insist that all our citizens shall submit to that slight infringement of their personal rights, which an immense majority voluntarily undergo, in order that another such calamity shall henceforth, forever, be an impossibility within the borders of this Commonwealth?

Heretofore it has been only a straggling, desultory warfare which has been waged against preventable disease within our borders. Isolated Health Boards and solitary sanitarians, here and there, have carried on a gallant fight, but against great odds, because lacking the element of intelligently combined action which is essential to success. A prominent English Medical Review, in speaking of our fragmentary and disjointed system of hygienic administration, if system it can possibly be called, says: "There is much good work done under a species of semi-authority and sufferance, and by volunteer exertion; but the plaint is the lack of a central authority and administrative power to make sanitary supervision an effective reality. The water supply of a considerable portion of a great city is abominably polluted, but no sufficient authority is found to remedy it; there are numerous and deplorable nuisances, but no efficient inspectors; there are many factories and workshops, but no laws to secure their hygienic condition or the physical well-

being of those employed in them; there is evidence unmistakable of the sale of unwholesome and adulterated food, but it is nobody's business to meddle with it and protect the public; there are on all sides complaints of building operations in defiance of sanitary laws, and no one with authority to attend to them and take action against them; and lastly, intra-mural interments stand condemned in all civilized communities, but the public authorities of the American cities have no power to stop them." It will be the business of this board to see to it that this stigma upon our civilization is removed; to collect and co-ordinate these scattered forces, marshalling them into a regular army of well-drilled sanitary troops, armed and equipped with all the appliances that modern science can suggest for stamping out pestilence and conquering contagion; to strengthen feeble organizations, and to establish new ones where none exist, until there shall not be a hamlet in the entire domain of the State without its regularly constituted health officers in direct communication with the central head.

Where the hygienic interests of different sections appear temporarily to conflict, the Board will use its best efforts to harmonize them. It often happens that the sanitary undertakings of one city prove the opposite of health-giving in their results in regard to another. The towns and cities which line the Schuylkill, for example, meritoriously wash themselves in that limpid stream, and so far do well; but unhappy Philadelphia, with the typhoid virus creeping through her veins, shudders as she unwillingly drinks their defiled washings. That they do this at their peril the story of afflicted Plymouth only too clearly demonstrates, for let it not be forgotten that Philadelphia sowed the seed from which death has just reaped so fearful a harvest in that far-off mountain village. Hence the necessity for the consideration on the part of the central sanitary authorities of the difficult problem afforded by "the pollution of rivers," in a broad, generous spirit, with a view to determining methods whereby one community may improve its own health conditions without impairing those of a neighbor.

In an immense territory like our own, larger than that of most of the nations of Europe, with its great diversity of surface, its lofty mountain ranges and its immense forests, wonderful opportunities exist for sanitary engineering on an immense scale, deter-

mining in what directions watersheds shall be encouraged and in what diverted; to what extent private corporations are to be allowed to jeopardize the health of large sections of the country by obstructing natural watercourses for the purposes of manufacture or navigation; deciding how far certain forests act as natural barricades against devastating winds, and should, therefore, be left untouched by the axe, in order to maintain a permanent average rainfall, and thus avert droughts, cyclones, and floods, and how far others interfere with the circulation of healthful breezes, and may, therefore, be with benefit removed.

With a rapidly growing population, and the frequent development of new centres of wealth and industry, much effective sanitation for the future can be accomplished in supervising the laying out of new towns. No village must be allowed, from this time forth, to take the simplest corporate form without laying before this Board a carefully prepared plan of its sanitary provisions. Inquiry will be made into the character of the soil, the quantity and quality of the possible water supply, the width and inclination of its streets, whether its projected system of sewerage is wise and scientific, whether its surface drainage takes advantage of the natural watercourses, its regulations in regard to habitations, the space of ground allowed to each, and the space required in each in relation to the number of occupants. All these are points which enlightened sanitary science demands should be arranged, with a wise prescience, in advance, and not left to settle themselves haphazard as emergencies may arise, after fearful sacrifices of health and life, and at an immense outlay of money, as our older cities are finding out to their cost.

The Board must also consider the relations of the country to the city as a purveyor. The supply of fresh vegetables and fruits, and pure milk and other dairy products, to large communities, is of the utmost importance, and every effort will be made to require and ensure it. The transportation of live stock for food needs to be very carefully watched and regulated, both that none but healthy, and, therefore, wholesome meat, may be exposed for sale, and that infectious and epidemic diseases may not be introduced among our native herds and flocks from other localities; and, although this subject has been neglected by a co-ordinate branch of governmental

supervision, the Board feels assured that any assistance which it may render in so important a matter will not be considered as impertinent.

But to attempt to briefly indicate even all the directions in which this organization hopes to add to the welfare and prosperity of the State would be to write a volume, instead of carrying out its intention simply to speak a word. The intimate connection between a high standard of public health and material prosperity cannot be gainsaid. A human life has an actual cash value to the community as certainly as that of a horse or a cow. Fifteen million dollars would not cover the loss to this State from preventable disease in a single year. Hence, the money spent in sanitary precautions and improvements is repaid with compound interest in the longevity and productive capacity of the population. Its disbursement is economy of the wisest kind, worthy of the most sagacious statesman.

But while it is true that the subjects confided to the consideration of this Board involve the profoundest problems of political economy and the most intimate researches of scientific investigation, it is not less true that every home and every hearth in the Commonwealth is deeply interested in the practical results to which it shall attain. Every vacant chair by the fireside, every empty place at the table, whose beloved occupant was snatched away by the ruthless hand of contagious or preventable disease, is a mute appeal for more searching inquiry into the causes and means of prevention of such diseases by the health authorities, and more general interest in their labors, and readier acquiescence in their decisions by the community at large and its individual members. The Board, therefore, earnestly invokes the conscientious co-operation of every householder to the extent of keeping his own home, and other buildings of which he may have supervision, in a healthful condition.

Especially does it desire that the women of the State should take an active and intelligent interest in the practical solution of the problems of home hygiene and sanitation. The establishment of the first State Board of Health in the United States was effected by the efforts of a woman. Reference is made to that Board, whose work has been so effective and thorough, that it has been

looked to as a model by other similar organizations—that of Massachusetts, now in the sixteenth year of its existence. The ancients were right in making the divinity of health a goddess rather than a god; for woman, as wife, mother, nurse, has for her special function that daily ministry to the bodily welfare and daily necessities of offspring and of husband, that constant presence in and care of the home, which are such essential promoters of health in the individual, in the family, and in the community. The Board is especially urgent, then, that the mothers of the land should attentively study the leaflets and tracts which it will from time to time issue, giving plain, practical advice as to the best methods of preventing the spread of infectious diseases, and of making their homes the abodes of health, and, therefore, of happiness.

The Board proposes to indulge in no display of sanitary pyrotechnics in order to dazzle the public and create for itself a factitious importance, but rather by quiet, steady, carefully considered work, to organize sanitary effort, to acquaint itself with the health conditions of every quarter of the State, and to diffuse information which shall develop an enlightened public sentiment in regard to both rights and duties from a sanitarian standpoint. Especially will it recognize the necessity for moving with caution where the interests of trade, manufacture, or commerce apparently conflict with those of public health, aiming always to protect the latter with the least possible interference with the successful promotion of the former.

But, on the other hand, if the Legislature of this Commonwealth, acting with its usual wise conservatism, has been slow in establishing this safeguard to the lives and health of the people, the latter may congratulate themselves that a much stronger law has now been enacted than could possibly have been passed when the first application for such legislation was made. Instead of being only a statistical and advisory body, as must then have been created, the present Board has been endowed with ample powers to enforce its regulations for the protection of the public, and this grant imposes a responsibility which the Board recognizes, and will not hesitate to assume if occasion demand.

The Board cannot find more fitting language in which to conclude this address than that employed in a recent admirable circular

issued by the Board of Health of the city of Philadelphia "for the guidance of citizens in the management of their dwellings and for personal application." It is as follows: "While the health of the community depends in great degree upon a rigid observance by officials of all the laws of public hygiene, it is no less dependent upon the faithful application of the principles of hygiene on the part of individuals. To accomplish the best results the earnest and cheerful co-operation of the people with the health authorities in all matters pertaining to the general health is absolutely indispensable."

ED. WM. GERMER, M.D., *President.*
PEMBERTON DUDLEY, M.D.
J. F. EDWARDS, M.D.
DAVID ENGELMAN, M.D.
RUDOLPH HERING, C.E.
J. H. MCCLELLAND, M.D.
BENJAMIN LEE, M.D., *Secretary.*

OFFICE OF THE SECRETARY OF THE COMMONWEALTH,
HARRISBURG, July 3d, A.D. 1885.

DR. MCCLELLAND also presented the following report as delegate of the Pittsburgh Homœopathic Hospital:

The new hospital building was formally opened April 1st, 1884, and during the first year 608 cases were admitted. During this same time there were 14,600 attendances at the dispensary.

There were 84 surgical operations performed in the amphitheatre, including six ovariotomies and many other capital operations, *with no mortality.*

The total mortality during the year was $3\frac{45}{100}$ per cent., and when the coroner's cases, consumptives, and other necessarily fatal cases are deducted, the death-rate is but $2\frac{4}{10}$ per cent.

From the reports of other hospitals of the same class (not homœopathic), the lowest death-rate given is some 9 per cent. of a gross mortality, or when similar reductions are made as above, the mortality stands at 6 per cent.

The last Legislature appropriated $65,000; of this, $50,000 was to pay the debt.

The capacity of the hospital is 200 beds, although the number at present furnished is 120. The capacity of the dispensary department is practically unlimited.

The same gentleman also reported for the *Protestant Home for Incurables*, Pittsburgh, as follows:

The Home for Incurables, just completed in this city, is the gift of Miss Jane Holmes, who died just as it was finished. The grounds are beautiful, spacious, and located in one of the near suburbs. The building is handsome, perfectly adapted, and calculated for about 100 persons. The homœopathic staff of the institution consists of the following:

Consulting Surgeon, J. H. McClelland, M.D.; Consulting Physician, D. Cowley, M.D.; Attending Physician, C. D. Herron, M.D. There is also an "old-school" staff, and patients are allowed their choice.

Miss Holmes, although not homœopathic herself, made special request that no reputable physician should be excluded, and will be further remembered by our school for her generous donation of $15,000 towards the building of the Pittsburgh Homœopathic Hospital, and a bequest of $20,000 to the same institution.

The credentials of the following delegates from various societies and institutions were received:

Dr. W. A. Phillips, of Cleveland, from the Cleveland Homœopathic College.

Dr. H. C. Houghton, of New York, from the New York State Society.

Dr. Isaac Cooper, of Trenton, and Dr. E. M. Howard, of Camden, from the New Jersey State Society.

Dr. L. H. Willard, of Allegheny, from the Allegheny County Society.

Dr. C. H. Hofmann, of Pittsburgh, from the Anatomical Society of Allegheny County.

Dr. Sarah J Coe, of Wilkes-Barre, from the Northern Pennsylvania Society.

Dr. Cowley invited the Society to hold its next meeting in Pittsburgh, and on motion, the invitation was accepted.

The Society then proceeded to the election of officers for 1885, which resulted as follows:

President, ...	D. Cowley, M.D.
First Vice-President, . . .	W. H. Bigler, M.D.
Second Vice-President, . . .	J. R. Reading, M.D.
Recording Secretary, . . .	Horace F. Ivins, M.D.
Corresponding Secretary, . .	Clarence Bartlett, M.D.
Treasurer, ...	J. F. Cooper, M.D.
Necrologist, ...	W. R. Childs, M.D.
Censors, ...	C. H. Hofmann, M.D. H. Pitcairn, M.D. Mary Branson, M.D.

The President then announced the following Committees and Bureaus:

Committee of Arrangements.—The Officers of the Society.

Local Committee of Arrangements.—The Allegheny County Society.

Committee on Subscription.—J. F. Cooper, M.D.

Committee on Legislation.—H. Pitcairn, Harrisburg, *Chairman;* P. Dudley, Philadelphia; J. H. McClelland, Pittsburgh; A. P. Bowie, Uniontown; John K. Lee, Philadelphia.

Bureau of Materia Medica.—E. Cranch, Erie, *Chairman;* J. C. Guernsey, A. Korndœrfer, E. A. Farrington, E. Fornias, T. S. Dunning, Philadelphia; D. Cowley, W. F. Edmundson, Pittsburgh.

Bureau of Clinical Medicine.—A. P. Bowie, Uniontown, *Chairman;* W. J. Martin, C. C. Rinehart, Z. T. Miller, Pittsburgh; Charles Mohr, John Malin, M. S. Williamson, Philadelphia; C. Van Artsdalen, Ashbourne.

Bureau of Surgery.—L. H. Willard, Allegheny City, *Chairman;* Charles M. Thomas, W. B. Van Lennep, Philadelphia; J. H. McClelland, W. R. Childs, C. P. Seip, Pittsburgh; J. J. Detwiller, Easton; Edward Reading, Hatboro; H. J. Evans, Altoona.

Bureau of Obstetrics.—J. N. Mitchell, Philadelphia, *Chairman;* O. B. Gause, Mary Branson, John R. Reading, Philadelphia; C. F. Bingaman, H. H. Hofmann, Pittsburgh; J. A. Bullard, Wilkesbarre; O. T. Huebener, Lancaster.

Bureau of Gynæcology.—B. F. Betts, Philadelphia, *Chairman;* I. G. Smedley, H. J. Sartain, E. T. Schreiner, Philadelphia; C. H. Hofmann, M. J. Chapman, Pittsburgh; W. A. Hassler, Allentown; R. P. Mercer, Chester.

Bureau of Pathology.—John B. McClelland, Pittsburgh, *Chairman;* W. C. Goodno, A. R. Thomas, J. C. Morgan, Philadelphia; W. D. King, Pittsburgh; S. W. S. Dinsmore, Sharpsburg; I. B. Chantler, Sewickley; S. Starr, Chester.

Bureau of Ophthalmology and Otology.—W. H. Winslow, Pittsburgh, *Chairman;* R. W. McClelland, Pittsburgh; Joseph E. Jones, West Chester; W. H. Bigler, H. F. Ivins, C. Bartlett, B. W. James, W. H. H. Neville, Philadelphia; H. C. Houghton, New York; W. A. Phillips, Cleveland, Ohio.

Bureau of Pædology.—H. Pitcairn, Harrisburg, *Chairman;* D. Karsner, C. S. Middleton, E. E. Davis, W. B. Trites, L. C. Jackson, Anna M. Marshall, Philadelphia; S. F. Shannon, Sewickley; H. M. Bunting, Norristown: John K. Lee, Johnstown.

Bureau of Sanitary Science.—P. Dudley, Philadelphia, *Chairman;* E. C. Parsons, Meadville; J. F. Cooper, C. D. Herron, Pittsburgh; J. B. Wood, West Chester; W. H. Malin, Philadelphia; Sarah J. Coe, Wilkesbarre; T. M. Johnson, Pittston.

Delegates to American Institute of Homœopathy.—J. C. Burgher, Pittsburgh, *Chairman;* P. Dudley, Philadelphia; C. W. Perkins, Chester; John K. Lee, Johnstown; C. Van Artsdalen, Ashbourne.

Bureau of Organization, Registration, and Statistics.—C. Bartlett, Philadelphia, *Chairman;* W. W. Van Baun, Philadelphia; J. S. Boyd, New Brighton; F. Schmucker, Reading; F. J. Slough, Allentown; M. M. Walker, Germantown.

CONSTITUTION AND BY-LAWS.

CONSTITUTION.

ARTICLE I.—Name and Object.

This Association shall be known as the Homœopathic Medical Society of the State of Pennsylvania.

Its object is the advancement of medical science.

ARTICLE II.—Members.

This Society shall be composed of active, honorary, and corresponding members, who shall be chosen in conformity with the By-Laws.

ARTICLE III.—Officers.

The officers of this Society shall be a President, two Vice-Presidents, a Recording Secretary, a Corresponding Secretary, a Treasurer, a Necrologist, and a Board of Censors consisting of three members, who shall be chosen at such time, in such manner, and for such a period, and shall perform such duties as the By-Laws may direct.

ARTICLE IV.—Amendment.

This Constitution may be altered or amended by a vote of two-thirds of the members present at the annual meeting; provided, that notice of such intended alteration or amendment shall have been given to the Society, in writing, at the annual meeting next preceding.

BY-LAWS.

ARTICLE I.—Meetings.

Section 1. The annual meeting of this Society shall be held at ten A.M., at the time and place decided upon at the annual session next preceding.

Seven members shall constitute a quorum for the transaction of business.

Sec. 2. The elected officers of the Society shall have power to direct such other meetings to be held as they may judge advisable.

ARTICLE II.—Officers.

The officers shall be elected by ballot at each annual meeting of the Society, and shall enter upon their respective duties on the first day of January next succeeding their election.

ARTICLE III.—Duties of Officers.

Section 1. The President shall preside at the meetings of the Society, preserve order therein, put questions, announce decisions, and appoint committees not otherwise ordered. He shall deliver an address at the opening of the session.

Sec. 2. The Vice-Presidents, in the order of their election, shall perform the duties of the President, in his absence.

Sec. 3. The Recording Secretary shall keep a record of all the proceedings and resolutions, and of all discussions that may occur in the Society; authenticate by his signature all papers and acts of the Society, when the occasion requires it, and bring before the Society any business needing its action not otherwise presented.

Sec. 4. The Corresponding Secretary shall receive and preserve all letters addressed directly to the Society; open and maintain such correspondence as shall tend to advance its interests; give at least two weeks' notice to the members of all meetings of the Society; keep a record of all members, with the date of admission of each; present all communications to the Society; notify all committees of their appointment and of the business referred to

them, and notify all members of their election. He shall be *ex officio* chairman of the Bureau of Organization, Registration, and Statistics.

SEC. 5. The Treasurer shall notify, annually, all members of their arrearages, collect all money belonging to the Society, and make all disbursements ordered by the Society. He shall furnish, at each annual meeting, a written report of his receipts and expenditures, and a statement of the condition of the finances.

SEC. 6. The Necrologist shall, upon the death of a member of the Society, prepare a suitable obituary and present it to the Society; he shall also forward a copy, properly engrossed, to the family of the deceased member, if so ordered by the Society.

The report of the Necrologist shall be presented in connection with the report and papers of the Bureau of Organization, Registration, and Statistics.

SEC. 7. The Censors shall receive and examine the credentials of candidates for membership, and shall report to the Society, for election, such as may be found to be properly qualified.

Their report can be made in its regular order, or at the close of the report of any bureau.

ARTICLE IV.—MEMBERSHIP.

SECTION 1. *Active.*—A candidate for active membership shall present to the Board of Censors a written application, signed by himself, accompanied by a certificate from two members of the Society in good standing, that the applicant has received the degree of Doctor of Medicine from an incorporated medical college; that he subscribes to the doctrine of *Similia Similibus Curantur*, and that he sustains a good moral character. If found qualified, he may be elected a member. He shall not, however, be considered a member until he has paid an initiation fee of five dollars (which includes the first year's dues), and signed the Constitution, either in person or by proxy.

Any active member removing from the State, wishing to retain his membership, shall notify the Society to that effect; otherwise his name shall be dropped from the roll.

Any active member who fails either to attend the annual meet-

ing, or to send a paper once in five years, or to pay his dues, shall, upon vote of the Society, be dropped from membership.

Any member who shall be unable to comply with the requirements of this section, may be continued as an active member, without payment of dues, by vote of the Society.

SEC. 2. *Honorary.*—Any homœopathic physician, not a resident of Pennsylvania, who, from his superior attainments, may be judged worthy, may be elected an honorary member at any annual meeting, but not more than two shall be elected in one year.

Such honorary members shall have all the privileges of members, except the right to vote and to hold office.

SEC. 3. *Corresponding.*—Any homœopathic physician residing outside the United States, may be elected a corresponding member at any annual meeting, but not more than two shall be elected in one year.

Such corresponding members shall have all the privileges of members except the right to vote and hold office.

ARTICLE V.—DUES.

Active members shall pay annually, in advance, the sum of three dollars toward defraying the expenses of the Society.

The published proceedings of the Society will be furnished only to those members who are not in arrears.

ARTICLE VI.—BUREAUS AND COMMITTEES.

SECTION 1. The following Bureaus shall be appointed as hereinafter provided:

One of Materia Medica and Provings.

One of Homœopathic Institutes and Clinical Medicine.

One of Surgery.

One of Obstetrics.

One of Gynæcology.

One of Pathology and Pathological Anatomy.

One of Ophthalmology, Otology, and Laryngology.

One of Pædology.

One of Sanitary Science.

One of Organization, Registration, and Statistics.

SEC. 2. Each bureau shall be composed of not less than five members.

SEC. 3. Each bureau shall present, in its annual report, a resumé of the discoveries and progress in its special department, together with the papers presented for discussion. The bureaus shall report in order of rotation, each succeeding year.

SEC. 4. The Bureau of Organization, Registration, and Statistics, shall receive all credentials of delegates to the Society; receive and preserve all reports from local or State societies, colleges, and other institutions; keep a record of the number of members admitted and withdrawn from the Society; solicit an exchange of publications with other State societies, and perform such other duties as may be directed by the Society. From these data, the annual report of the bureau shall be prepared.

SEC. 5. Immediately upon the close of the report of a bureau, the President shall appoint a chairman for the ensuing year; and the chairman so appointed shall, in conjunction with the President, select his associates, and the list of members of the bureau shall be announced before the close of the session.

SEC. 6. If any member of a bureau shall resign or decline to serve, the chairman of the bureau shall fill the vacancy by appointment, and notify the Corresponding Secretary of the fact.

SEC. 7. The following Standing Committees shall be appointed, as hereinafter provided for:

A Legislative Committee.

A Publishing Committee.

SEC. 8. Each of these committees shall consist of at least three members, to be appointed by the President.

SEC. 9. The Legislative Committee shall give special attention to all legislation involving the interests of the Society.

SEC. 10. The Publishing Committee shall publish and issue the Transactions to all who are entitled to receive them, within three months from the date of the meeting, unless otherwise directed by the Society at its annual meeting.

The Recording and Corresponding Secretaries and the Treasurer shall constitute this committee, but the number of members may be increased at the discretion of the Society.

ARTICLE VII.—Papers and Discussions.

Section 1. Each paper presented to the Society shall be through its appropriate bureau. All papers to be presented by any bureau shall be in the hands of the chairman thereof at the opening of the session; and it shall be the duty of each writer to prepare an abstract, which will accompany the paper when handed in, and the chairman shall decide whether the abstract only, or the entire paper be presented to the meeting for its consideration and discussion. All papers shall be subject to the approval and revision of the Committee of Publication. No report or paper will be received by the Society in an incomplete or unfinished condition; and no paper shall be published as part of the Transactions which has been previously published.

Sec. 2. All communications read before the Society shall become its property; but no paper shall be published as part of the Transactions of the Society without its sanction.

Sec. 3. All discussion shall be strictly confined to the subject of the paper or report, and each speaker shall be limited to a speech of ten minutes, and to one of five minutes if he speaks a second time, and no excess of time shall be allowed except by consent of the Society. The reader of the paper shall be allowed ten minutes at the close of the discussion.

Sec. 4. Each county or local society shall be invited to prepare and discuss, during the year, a paper upon some medical subject, and present it to the Society at its annual meeting, through its appropriate bureau.

ARTICLE VIII.—Amendments.

These By-Laws may be altered or amended by a vote of two-thirds of the members present at any annual meeting.

ORDER OF BUSINESS.

1. Calling meeting to order.
2. Address by the President.
3. Roll-call and correction of list of members.
4. Appointment of Committee on President's Address.
5. Report of Treasurer.
6. Appointment of Auditing Committee.
7. Report of Corresponding Secretary.
8. Reports of committees.
9. Report of Censors and election of members.
10. Reports of bureaus.
11. Unfinished business.
12. New business.
13. Election of officers.
14. Announcement of bureaus and committees.
15. Adjournment.

LIST OF MEMBERS.

1885. Allen, John V., M.D., Frankford, Philadelphia.
1870. Allen, J. W., M.D., Altoona.
1883. Allen, Richard C., M.D., 4519 Frankford Ave., Phila.
1885. Arthur, Charles, M.D., Scranton, Pa.
1883. Baker, Alfred E., M.D., Chester.
1885. Baker, C. H., M.D., 34 N. 40th Street, Philadelphia.
1881. Bartlett, Clarence, M.D., 1501 Poplar Street, Philadelphia.
1885. Berkenstock, W. F., M.D., 1207 Wallace Street, Phila.
1875. Betts, B. F., M.D., 1608 Girard Avenue, Philadelphia.
1872. Bigler, W. H., M.D., 118 N. 12th Street, Philadelphia.
1873. Bingaman, C. F., M.D., 922 Penn Avenue, Pittsburgh.
1872. Bowie, A. P., M.D., Uniontown.
1884. Boyd, G. S., M.D., Beaver Falls.
1880. Boyd, J. S., M.D., New Brighton.
1882. Boyer, Francis W., M.D., Pottsville.
1875. Bradford, L. J., M.D., Sylvania.
1883. Branson, Mary, M.D., 1719 Arch Street, Philadelphia.
1872. Brickley, Obadiah C., M.D., York.
1881. Brooks, Charles M., M.D., 1613 N. 10th Street, Phila.
1883. Brown, Samuel, M.D., 651 N. 10th Street, Philadelphia.
1879. Buck, M. J., M.D., Altoona.
1885. Buchman, Frank, M.D., 1410 S. 5th Street, Philadelphia.
1877. Bullard, J. A., M.D., Wilkes-Barre.
1881. Bunting, H. M., M.D., Norristown.
1866. Burgher, J. C., M.D., 960 Penn Avenue, Pittsburgh.
1868. Carmany, C. J., M.D., Harrisburg.
1873. Chantler, I. B., M.D., Sewickley.
1875. Chapman, Millie J., M.D., 916 Penn Avenue, Pittsburgh.
1868. Charlton, S. T., M.D., Harrisburg.
1866. Childs, W. R., M.D., 934 Penn Avenue, Pittsburgh.
1868. Christ, William F., M.D., Parryville.
1885. Christine, G. Maxwell, M.D., 2042 N. 12th Street, Phila.

1883. Coe, Sarah J., M.D., Wilkes-Barre.
1873. Cook, I. Elmer, M.D., Harrisburg.
1866. Cooper, J. F., M.D., 42 N. Diamond St., Allegheny City.
1866. Cowley, David, M.D., 6442 Penn Avenue, Pittsburgh.
1882. Cranch, Edward, M.D., Erie.
1875. Crawford, J. S., M.D., Greensburg.
1883. Crowther, Isaac, M.D., Chester.
1883. Davis, E. Everett, M.D., 43d and Brown Streets, Phila.
1882. Dean, E. W., M.D., Braddock.
1885. Deardorff, J. H., M.D., Mechanicsburg.
1866. Detwiller, Henry, M.D., Easton.
1866. Detwiller, John J., M.D., Easton.
1879. Detwiller, J. W., M.D., Bethlehem.
1878. Dinsmore, S. W. S., M.D., Sharpsburg.
1880. Doolittle, E. D., M.D., Easton.
1867. Dudley, Pemberton, M.D., 15th and Master Streets, Phila.
1878. Duff, P. S., M.D., Great Belt.
1882. Du Four, W. M., M.D., Williamsport.
1875. Dunn, James, L., M.D., Titusville.
1881. Dunning, T. S., M.D., 1328 North 15th Street, Phila.
1870. Earhart, J. R., M.D., 1904 Arch Street, Philadelphia.
1873. Edmundson, W. F., M.D., 375 Fifth Avenue, Pittsburgh.
1882. Evans, H. J., M.D., Altoona.
1870. Farrington, E. A., M.D., 1738 Green Street, Philadelphia.
1880. Ferson, J. L., M.D., Florida.
1884. Fleming, R. K., M.D., Pittsburgh.
1883. Fornias, Eduardo, M.D., 327 Pine Street, Philadelphia.
1873. Fulton, H. W., M.D., 5949 Penn Avenue, Pittsburgh.
1867. Garvin, John J., M.D., 1546 N. 11th Street, Phila.
1866. Gause, Owen B., M.D., 1519 Arch Street, Philadelphia.
1883. Gause, Percy O. B., M.D., 1519 Arch Street, Philadelphia.
1870. Gessler, C. W., M.D., 1332 S. 5th Street, Philadelphia.
1879. Getze, G. M., M.D., Tarentum.
1885. Giles, J. William, M.D., 3502 Hamilton Street, Phila.
1885. Gonzales, M. J., M.D., 1917 Montgomery Avenue, Phila.
1875. Goodno, W. C., M.D., 4003 Chestnut Street, Philadelphia.
1875. Graham, D. M., M.D., Chicago, Ill.
1883. Gramm, E. M., M.D., 934 N. 6th Street, Philadelphia.

1867. Gramm, G. E., M.D., 1656 Vienna Street, Philadelphia.
1883. Gramm, T. J., M.D., 1501 Franklin Street, Philadelphia.
1881. Griffith, Silas, M.D., 1431 Girard Avenue, Philadelphia.
1877. Griffith, W. M., M.D., 2035 Ridge Avenue, Philadelphia.
1883. Gross, F. O., M.D., 1409 N. 4th Street, Philadelphia.
1877. Grumbein, William, M.D., Annville.
1874. Guernsey, J. C., M.D., 1923 Chestnut Street, Philadelphia.
1875. Guernsey, W. J., M.D., 4430 Frankford Avenue, Phila.
1867. Gumpert, B. Barton, M.D., 840 Franklin Street, Phila.
1885. Haines, O. S., M.D., 137 N. 15th Street, Philadelphia.
1879. Hall, William D., M.D., Altoona.
1883. Hancock, Jos., M.D., 1639 Columbia Avenue, Phila.
1884. Harris, D. R., M.D., New Castle.
1883. Hassler, W. A., M.D., Allentown.
1881. Hawley, Annie M., M.D., Pughtown.
1883. Helfrich, J. H., M.D., Allentown.
1873. Herron, C. D., M.D., 17 Butler Street, Pittsburgh.
1882. Hofmann, C. H., M.D., 808 Penn Avenue, Pittsburgh.
1866. Hofmann, H. H., M.D., 808 Penn Avenue, Pittsburgh.
1883. Holben, M. J., M.D., Slatington.
1883. Horner, J. Richey, M.D., Pittsburgh.
1871. Huebener, O. T., M.D., Lancaster.
1880. Humes, J. R., M.D., Hollidaysburg.
1882. Ivins, Horace F., M.D., 1319 Arch Street, Philadelphia.
1883. Jackson, Lora C., M.D., 1526 Arch Street, Philadelphia.
1866. James, Bushrod W., M.D., 18th and Green Streets, Phila.
1885. James, Horace E., M.D., 1229 S. 8th Street, Philadelphia.
1867. James, John E., M.D., 10th and Green Streets, Phila.
1870. James, Walter M., M.D., 1123 Spruce Street, Philadelphia.
1877. Johnson, Maria N., M.D., 1732 Green Street, Philadelphia.
1881. Johnson, Theo. M., M.D., Pittston.
1869. Jones, Jos. E., M.D., West Chester.
1881. Karsner, Daniel, M.D., 4830 Main Street, Germantown.
1885. Keim, Wm. H., M.D., 2015 Ridge Avenue, Philadelphia.
1875. Kern, W. H., M.D., McKeesport.
1884. King, W. D., M.D., 328 Fifth Avenue, Pittsburgh.
1877. Knerr, C. B., M.D., 112 N. 12th Street, Philadelphia.
1866. Koch, Aug. W., M.D., 118 N. 12th Street, Philadelphia.

1873. Koenig, M. J., M.D., Jersey Shore.
1872. Korndœrfer, Aug., M.D., 648 N. 12th Street, Philadelphia.
1884. Lee, Chas. H., M.D., New Castle.
1877. Lee, E. J., M.D., 133 S. 13th Street, Philadelphia.
1866. Lee, John K., M.D., 3800 Chestnut Street, Philadelphia.
1879. Lee, John K., M.D., Johnstown.
1873. Lefever, Isaac, M.D., Harrisburg.
1867. Lippe, Ad., M.D., 1204 Walnut Street, Philadelphia.
1866. Liscomb, P. D., M.D , Beaver Falls.
1869. Macfarlan, Malcolm, M.D., 1805 Chestnut Street, Phila.
1883. Maguire, W. T., M.D., 54th St. & Landsdown Ave., Phila.
1866. Malin, John, M.D., 70 W. Chelten Avenue, Germantown.
1877. Malin, Wm. H., M.D., Chestnut Hill, Philadelphia.
1881. Mansfield, J. R., M.D., 4852 Main Street, Germantown.
1885. Marsden, Biddle R., M.D., 1513 N. 2d Street, Phila.
1883. Marshall, Anna M., M.D., 1608 Mt. Vernon Street, Phila.
1866. Martin, H. N., M.D., 1218 Walnut Street, Philadelphia.
1877. Martin, W. J., M.D., 1712 Carson St., S. S., Pittsburgh.
1878. Maurer, J. M., M.D., Washington.
1881. May, Newton, M.D., Holmesburg.
1871. Mercer, Robert P., M.D., Chester.
1871. Middleton, Caleb S., M.D., 646 N. 10th Street, Phila.
1877. Miller, Z. T., M.D., 1729 Carson St., S. S., Pittsburgh.
1883. Mitchell, J. N., M.D., 1222 Walnut Street, Philadelphia.
1875. Mohr, Charles, M.D., 555 N. 16th Street, Philadelphia.
1867. Morgan, John C., M.D., 110 S. 17th Street, Philadelphia.
1881. Mullin, S. A., M.D., West Chester.
1883. Mullin, W. P., M.D., 70 W. Chelten Ave., Germantown, Pa.
1879. McClelland, J. B., M.D., 411 Penn Avenue, Pittsburgh.
1867. McClelland, J. H., M.D., 411 Penn Avenue, Pittsburgh.
1884. McClelland, R. W., M.D., 411 Penn Avenue, Pittsburgh.
1883. McClure, Eliza H. Lang, M.D., 811 N. 20th Street, Phila.
1866. Neville, W. H. H., M.D., 19th St. and Fairmount Ave., Phila.
1884. Parker, G. W., M.D., 1404 S. 6th Street, Philadelphia.
1883. Parker, T. Elwood, M.D., Claremont, N. H.
1870. Parsons, Anson, M.D., Springboro.
1881. Parsons, E. C., M.D., Meadville.
1880. Peach, Wm., M.D., 76 Monterey Street, Allegheny City.

1885. Peacock, Wm., M.D., 2217 N. 6th Street, Phila.
1881. Perkins, C. W., M.D., Chester.
1883. Pettingill, Eliza F., M.D., 300 N 10th Street, Philadelphia.
1868. Pfouts, J. S., M.D., Wilkes-Barre.
1870. Pierce, W. A. D., M.D., 2004 Mt. Vernon Streets, Phila.
1880. Pitcairn, Hugh, M.D., Harrisburg.
1883. Powell, W. C., M.D., Bryn Mawr.
1881. Pratt, J. W., M.D., Coatesville.
1871. Pratt, Trimble, M.D., Media.
1866. Preston, Mahlon, M.D., Norristown.
1875. Ramage, R. H., M.D., Mansfield Valley.
1872. Rankin, J. S., M.D., 59 Grant Street, Pittsburgh.
1866. Raue, Charles G., M.D., 121 N. 10th Street, Philadelphia.
1867. Reading, E., M.D., Hatboro.
1883. Reading, J. H., M.D., 18th and Mt. Vernon Streets, Phila.
1866. Reading, John R., M.D., Somerton.
1878. Rinehart, C. C., M.D., Marion Station, Pittsburgh.
1871. Rittenhouse, S. R., M.D., Reading.
1880. Robson, J. W., M.D., Pittsburgh.
1873. Roseberry, C. I., M.D., Easton.
1883. Ross, S. C., M.D., Scranton.
1883. Rousseau, L. G., M.D., 628 Penn Avenue, Pittsburgh.
1872. Rutter, J. C., M.D., Bloomsburg.
1872. Sartain, Harriet J., M.D., 210 Franklin Street, Phila.
1874. Schmucker, F. R., M.D., Reading.
1883. Schreiner, Emma T., M.D., 20th St. and Lehigh Ave., Phila.
1880. Scott, S. C., M.D., Pittsburgh.
1868. Seip, C. P., M.D., 636 Penn Avenue, Pittsburgh.
1875. Shannon, O. R., M.D., 207 Lacock Street, Allegheny City.
1879. Shannon, S. F., M.D., Sewickley.
1883. Sharkey, W. P., M.D., 1938 Girard Avenue, Philadelphia.
1881. Sharpless, E. S., M.D., 901 N. 8th Street, Philadelphia.
1885. Shellenberger, C. N., M.D., 1831 Wallace Street, Phila.
1883. Shemp, P. D., M.D., 1117 Green Street, Philadelphia.
1883. Skeels, J. S., M.D., Albion.
1883. Slough, F. J., M.D., Allentown.
1883. Slough, W. C. J., M.D., Emaus.
1880. Smedley, I. G., M.D., 1319 Arch Street, Philadelphia.

1870. Spencer, J. H., M.D., 1306 N. 7th Street, Philadelphia.
1881. Stambach, H. L., M.D., California.
1883. Starr, Samuel, M.D., Chester.
1883. Stewart, H. Knox, M.D., 810 N. Broad Street, Phila.
1883. Still, Horace, M.D., Norristown.
1885. Strong, J. Wilmer, M.D., 2049 N. 13th Street, Phila.
1881. Swartz, J. R., M.D., Harrisburg.
1881. Thatcher, J. W., M.D., 35th and Hamilton Streets, Phila.
1871. Thomas, A. R., M.D., 1733 Chestnut Street, Philadelphia.
1887. Thomas, Charles M., M.D., 1313 Arch Street, Philadelphia.
1881. Tomlinson, W. H., M.D., 5210 Main Street, Germantown.
1881. Toothaker, C. E., M.D., 1717 Francis Street, Philadelphia.
1882. Trites, W. B., M.D., 4500 Baker Street, Manayunk, Phila.
1881. Umstead, D. B., M.D., Tacony, 23d Ward, Philadelphia.
1877. Van Artsdalen, C., M.D., Ashbourne.
1883. Van Baun, W. W., M.D., 227 Catherine Street, Phila.
1883. Van Deusen, Josephine, M.D., 21st and Tioga Streets, Phila.
1881. Van Lennep, W. B., M.D., 410 S. Broad Street, Phila.
1867. Walker, Mahlon M., M.D., 12 W. Walnut Lane, Germantown, Philadelphia.
1881. Wareheim, Edward A., M.D., Glen Rock.
1870. Waters, George H., M.D., 474 N. 6th Street, Philadelphia.
1880. Way, J. H., M.D., 1905 Pacific Avenue, Atlantic City, N. J.
1881. Weaver, Chandler, M.D., Fox Chase, 23d Ward, Phila.
1883. Weaver, W. P., M.D., Bristol.
1870. White, N., M.D., New Castle.
1866. Willard, L. H., M.D., Western Avenue, Allegheny City.
1881. Williams, H. E., M.D., Coatesville.
1866. Williams, Thomas C., M.D., 567 N. 5th St., Philadelphia.
1873. Williamson, M. S., M.D., 1311 Arch Street, Philadelphia.
1870. Willits, William, M.D., Williamsport.
1877. Winslow, W. H., M.D., 956 Penn Avenue, Pittsburgh.
1883. Wood, H. C., M.D., West Chester.
1866. Wood, James B., M.D., West Chester.
1883. Yearsley, Wm., M.D., 918 N. 10th Street, Philadelphia.
1880. Yoder, D., M.D., Catasauqua.
1874. Young, J. H., M.D., 1630 Green Street, Philadelphia.
1880. Zerns, W. M., M.D., 1207 Wallace Street, Philadelphia.

HONORARY MEMBERS

1883. Allen, H. C., M.D., Ann Arbor, Mich.
1868. Dake, Jabez P., M.D., Nashville, Tenn.
1866. Doran, Charles R., M.D., Jacksonville, Fla.
1868. Helmuth, William Tod, M.D., New York City.
1885. Houghton, Henry C., M.D., New York City.
1876. Jones, S. A., M.D., Ann Arbor, Mich.
1876. Lilienthal, S., M.D., New York City.
1868. Paine, H. M., M.D., Albany, N. Y.
1883. Phillips, W. A., M.D., Cleveland, O.
1868. Rockwith, F. A., M.D., East Saginaw, Mich.
1868. Talbot, I. T., M.D., Boston, Mass.

CORRESPONDING MEMBERS.

1873. Alvarez, Paz, M.D., Madrid, Spain.
1873. Chauvet, Fernand, M.D., Tours, France.
1873. Eidherr, Francis, M.D., Vienna, Austria.
1883. Hughes, Richard, M.D., Brighton, England.
1873. Nichol, Thomas, M.D., Montreal, Canada.
1873. Pope, Alfred C., M.D., London, England.

NECROLOGICAL LIST.

1866. Ashton, A. H., M.D., died February 18th, 1883.
1866. Barnaby, John E., M.D., died January 5th, 1869.
1867. Barrett, Charles B., M.D., died June 5th, 1871.
1882. Bernard, H., M.D., died
1866. Blakely, W. James, M.D., died January 14th, 1877.
1870. Bratt, Benj. R., M.D., died January 31st, 1872.
1866. Brooks, Silas S., M.D., died July 2d, 1871.
1883. Burr, Richard, M.D., died
1873. Caruthers, R. E., M.D., died January 3d, 1885.
1866. Cooke, Wm. H., M.D., died March 21st, 1879.
1866. Cote, M., M.D., died May 29th, 1878.
1871. Dreibelbis, David L., M.D., died March 24th, 1872.
1866. Friese, Michael, M.D., died February 4th, 1880.
1866. Frost, J. H. P., M.D., died January 21st, 1875.
1866. Gardiner, Richard, M.D., died March 22d, 1877.
1866. Guernsey, H. N., M.D., died June 27th, 1885.
1870. Guernsey, Wm. F., M.D., died February 16th, 1877.
1866. Herron, James A., M.D., died November 15th, 1868.
1884. Hosfeld, George, M.D., died November 9th, 1884.
1873. Houard, J. G., M.D., died April 24th, 1878.
1866. James, David, M.D., died June 6th, 1873.
1866. Jeanes, Jacob, M.D., died December 18th, 1877.
1871. Lovejoy, E., M.D. (honorary), died August 15th, 1872.
1868. Malin, George W., M.D., died January 18th, 1883.
1866. Marsden, J. H., M.D., died August 27th, 1883.
1866. McClatchey, R. J., M.D., died January 15th, 1883.
1870. Moore, Thomas, M.D., died March 25th, 1882.
1869. Ostrander, W. M., M.D., died August 23d, 1881.
1868. Payne, Wm. E., M.D. (honorary), died March 9th, 1877.
1878. Pereira, Ignacio, M.D. (correspond'g), died April 18th, '81.

1866. Preston, Coates, M.D., died August 9th, 1881.
1868. Pulte, J. H., M.D. (honorary), died February 24th, 1884.
1882. Pursel, J. E., M.D., died March 15th, 1885.
1870. Reinhold, H. E., M.D., died March 6th, 1879.
1866. Roberts, R. Ross, M.D., died April 4th, 1875.
1866. Rousseau, L. M., M.D., died September 25th, 1882.
1872. Scott, James L., M.D., died August 15th, 1876.
1872. Speth, W. F., M.D., died May 11th, 1881.
——. Stauffer, D. R., M.D., died March 16th, 1874.
1867. Stevens, C. A., M.D., died January 17th, 1881.
1870. Taudte, F., M.D., died March 27th, 1878.
1866. Williamson, Walter, M.D., died December 19th, 1870.
1866. Williamson, Walter M., M.D., died May 5th, 1874.

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ERRATA.

On page 33, Dr. B. F. BETTS' name should have been set up in SMALL CAPITALS, denoting President, and Dr. W. B. Trites, the ex-president of the Philadelphia County Society, should have had his name printed in lower-case letters.

On page 122, the fourteenth line from the bottom should have "iv." inserted in blank space after "vol. —."

On page 149, the fourteenth line from top, should have "Pepsin" inserted in blank space after "lady."

On page 210, the eighteenth line from the top should have inserted after "irregular hours," "he gives Pepsin."